DIGEST

OF THE

ANNUAL REPORTS

For the year 1913,

OF THE

MEDICAL OFFICERS OF HEALTH

AND

SANITARY INSPECTORS

OF THE

ADMINISTRATIVE COUNTY OF WORCESTER.

BY

G. H. PENBROKE, D.P.H., Cantab.

County Medical Officer of Worcestershire.

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Ebenezer Baylis & Son, Printers, 22, Cross and Trinity Works, Worcester.

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TABLES OF STATISTICAL DETAILS.

Urban—

Bewdley	PAGES	I.	and II.
Bromsgrove	„	I.	and II.
„ (North)	„	I.	„ II.
Droitwich	„	III.	„ IV.
Evesham	„	III.	„ IV.
Kidderminster	„	III.	„ IV.
Lye and Wollescote	„	V.	„ VI.
Malvern	„	V.	„ VI.
Oldbury	„	V.	„ VI.
Redditch	„	VII.	„ VIII.
Stourbridge	„	VII.	„ VIII.
Stourport	„	VII.	„ VIII.

Rural—

Bromsgrove	„	IX.	and X.
Droitwich	„	IX.	„ X.
Evesham	„	IX.	„ X.
Feckenham	„	XI.	„ XII.
Halesowen	„	XI.	„ XII.
Kidderminster	„	XI.	„ XII.
Martley	„	XIII.	„ XIV.
Newent	„	XIII.	„ XIV.
Pershore	„	XIII.	„ XIV.
Rock	„	XV.	„ XVI.
Shipston-on-Stour	„	XV.	„ XVI.
Stow-on-the-Wold	„	XV.	„ XVI.
Tenbury	„	XVII.	„ XVIII.
Tewkesbury	„	XVII.	„ XVIII.
Upton-on-Severn	„	XVII.	„ XVIII.
Winchcombe	„	XIX.	

TO THE

Public Health and Housing Committee of the Worcestershire County Council.

Mr. Chairman and Gentlemen,

I have the honour to present my 25th Digest of the 28 Annual Reports of the Medical Officers of Health and the 29 Sanitary Inspectors in the Administrative County, which refers to the year 1913.

County Sanitary Staff.

The only change in the personnel of the County Sanitary Staff during the year was, that Dr. Bertram Addenbrooke succeeded Dr. E. H. Addenbrooke as Medical Officer of Health for Kidderminster Rural District.

As this Report is passing through the printers' hands, the Local Government Board have issued a circular to County Councils and Sanitary Authorities urging the great importance of maintaining the efficiency of the sanitary service of the country during the present War crisis : and state, *inter alia*, "It is essential that there should be no relaxation of the activities of Local Authorities in the prevention and control of epidemic diseases, the protection of water supplies from contamination, and the promotion of child welfare, and in securing the wholesomeness of food supplies and the general sanitary condition of each area. On this account it is important that all vacancies in the Sanitary Staff should be filled up." So far as my information goes, Dr. B. Addenbrooke (Kidderminster Rural District) and Mr. Watling (Sanitary Inspector, Feckenham Rural District) are the only Sanitary officers who have been "called up." Deputies have been appointed for each of them.

Each and all of the Sanitary Authorities have appointed the County Tuberculosis officers as Assistant Medical Officers of Health (without salary or expenses) for the purposes of the Tuberculosis Regulations for a period of one year.

Area and Population.

The area and population of the County are given in Table I.

TABLE I.

Districts.	Area in Statute areas.	Population.			
		1901.	1911.	Increase 1901-1911.	Estimated by M.O.H. in 1913.
Urban (12) -	33,758	139,895	156,547	16,652	159,619
Rural (16) -	417,863	126,439	132,080	5,641	133,238
Total (28) -	451,621	266,334	288,627	22,293	292,857

The area and population of each district are given in Table II.

Table II. gives the Vital Statistics for 1913 in each Sanitary District in the Administrative County.

Births.

Table III. and Diagram No. 1 compare the County Birth-rates with those of England and Wales during 1904-1913 inclusive.

TABLE III.

Districts.	Rates per 1,000 of population.									
	1913	1912	1911	1910	1909	1908	1907	1906	1905	1904
Urban Districts (12) - -	23·37	23·1	24·0	23 6	24 3	25 4	25 4	26·9	26 12	27 8
Rural Districts (16) - -	21 54	21·6	21·1	22 5	23 5	24·2	25 8	25·7	25·4	27·3
Administrative County -	22·5	22·4	22·7	23·2	23 9	24 9	25 6	26 4	25 8	27 3
England and Wales - -	23·9	23·8	24·4	24·8	25 6	26·5	26·3	27 0	27·2	27 9

The County Birth-rate for 1913 (22·5) is below that for England and Wales (23·9); the latter rate is 0·1 per 1,000 above the rate for 1912, but lower than the rate of any other year on record.

The Registrar-General, in his Annual Report for 1912 (p. xxxiv.)—the last yet issued—writes:

> " The fall in birthrate which characterized the year 1912 was accompanied
> " by a still greater fall in the death rate from the level attained in
> " this exceptionally hot and dry summer of 1911. The natural increase
> " or excess of birth-rate over crude death-rate rose from 9·8 at which

TABLE II.

Urban Districts.	Area in Acres.	Population				Population 1913 Estimated by Medical Officers.	Net Birth Rate Per 1,000 estimated population.	Births.		Infant Mortality, i.e., Deaths of Infants under 1 year per 1,000 Births registered.	Net Death Rate per 1,000 estimated population. (a)	No. of Deaths Registered.	Mortality from all causes, at subjoined ages.							
		1901.	Census 1911.	1901-1911. Increase.	1901-1911. Decrease.			Uncorrected Number.	Number (net).				Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.
Bewdley Borough	2105	2866	2745	...	121	2745	29·5	71	71	84	12·38	34	6	...	...	1	1	6	8	12
Bromsgrove	1068	8418	8926	508	...	9000	26·0	234	234	72	11·5	104	17	1	1	3	1	13	17	51
Bromsgrove North	10592	5688	7210	1522	...	7350	23·2	157	157	70	10.6	72	11	...	4	...	5	7	13	32
Droitwich Borough	1856	4201	4146	...	55	4160	20·6	86	86	104	12.7	61	9	1	1	...	2	7	6	35
Evesham Borough	2265	7101	8340	1239	...	8460	20·0	168	169	76	12·0	102	13	5	3	5	3	13	17	43
Kidderminster Borough	2504	24681	27544	2863	...	27700	21.4	598	594	121	12·9	358	72	13	9	8	18	32	79	127
Lye and Wollescote	784	10976	11684	708	...	11825	28·5	335	337	133	14.0	166	45	13	5	6	8	11	37	41
Malvern	4774	16449	16513	64	...	16514	12·9	214	214	65	9·9	165	14	5	...	5	6	10	51	74
Oldbury	3527	25191	32232	7041	...	34000	30·5	1035	1039	154	15·9	547	161	60	44	25	9	41	102	105
Redditch	1023	13493	15463	1970	...	15900	20.2	318	322	83	11·1	177	27	6	4	4	7	17	55	57
Stourbridge	1920	16302	17312	1010	...	17553	23·4	412	414	96	13·5	237	40	11	2	15	6	26	47	90
Stourport	1340	4529	4432	..	97	4412	21·3	94	94	95	12·6	56	9	1	1	6	4	5	10	20
Totals	33758	139895	156547	16925	273	159619	23·37	3722	3731	113	13·0	2079	424	116	74	78	70	188	442	687
Rural Districts.																				
Bromsgrove	47047	12086	15007	2921	...	15300	21·2	321	325	36	11·3	174	12	6	3	8	10	16	40	79
Droitwich	53079	12895	12975	80	...	12986	16·1	210	210	61	11·0	143	13	2	1	4	7	25	25	66
Evesham	28088	7584	9095	1511	..	9240	22·2	207	205	82	12·3	114	17	1	1	2	3	16	26	48
Feckenham	15203	5532	5456	...	76	5456	16·1	88	88	125	15·0	82	11	2	2	3	2	5	15	42
Halesowen	5485	22611	25804	3193	...	26518	29·6	784	787	116	13·2	351	92	28	22	18	16	31	57	87
Kidderminster	31641	10111	7282	...	2829	7200	23·0	162	166	72	10·8	78	12	1	1	1	2	13	16	32
Martley	59170	12944	13063	119	...	13063	20·2	265	265	41	11·1	146	11	5	3	6	9	23	27	62
Newent (part)	5305	1182	1192	10	...	1193	26·8	32	32	...	11·7	14	...	...	...	...	...	...	2	12
Pershore	53728	12819	13235	416	...	13300	19·7	263	262	68	12·5	167	18	9	3	8	7	5	34	83
Rock	13314	2150	2193	43	...	2220	19·3	43	43	46	11·7	26	2	...	1	1	...	4	5	13
Shipston-on-Stour	18466	4702	4711	9	...	4713	22·6	107	105	48	14·0	66	5	2	1	2	2	4	10	40
Stow-on-the-Wold (part)	2289	292	311	19	...	311	3·2	1	1	...	16·0	5	...	...	...	...	...	...	3	2
Tenbury	23434	4838	4727	...	111	4705	24·2	115	114	61	13·3	63	7	1	...	3	1	7	10	34
Tewkesbury (part)	10019	2304	2317	13	...	2317	16·4	38	38	52	11·6	27	2	1	...	...	1	3	3	17
Upton-on-Severn	50035	14273	(b)14596	323	..	(b)14600	17·0	228	228	70	12·0	161	16	2	1	5	7	14	27	89
Winchcombe (part)	1560	116	116	...	...	116	17·0	2	2	..	34·4	4	...	...	...	...	...	2	...	2
Totals	417863	126439	132080	8657	3016	133238	21·54	2866	2871	75	12·1	1621	218	60	39	61	67	168	300	708

Causes of, and ages at, Death during Year 1913.

Urban Districts.	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	Influenza.	Erysipelas.	Phthisis (Pulmonary Tuberculosis).	Tuberculous Meningitis	Other Tuberculous Diseases	Cancer Malignant Disease	Rheumatic Fever.	Meningitis.	Organic Heart Disease.	Bronchitis.	Pneumonia (all forms).	Other Diseases of Respiratory Organs.	Diarrhœa and Enteritis	Appendicitis & Typhilitis	Cirrhosis of Liver.	Alcoholism.	Nephritis and Bright's Disease.	Puerperal Fever.	Other accidents & Diseases of Pregnancy and Parturition.	Congenital Debility and Malformation, including Premature Birth.	Violent Deaths, excluding Suicides.	Suicides.	Other defined Diseases.	Diseases ill-defined or unknown.
Bewdley Borough	...	...	...	...	...	...	...	2	...	1	2	7	...	...	2	3	2	...	1	...	...	...	...	..	...	4	...	...	7	6
Bromsgrove	...	...	...	...	3	...	...	...	2	1	1	11	...	1	8	11	3	...	3	...	2	1	...	...	1	8	5	...	19	24
Bromsgrove North	...	...	1	1	1	...	2	...	5	1	1	8	1	1	3	6	1	...	...	...	...	...	2	...	...	4	2	...	15	17
Droitwich Borough	...	...	...	..	...	...	2	...	2	1	..	8	..	1	6	2	3	...	2	...	...	...	2	...	...	7	...	...	25	...
Evesham Borough	...	...	...	...	...	2	2	...	7	...	...	8	...	3	14	8	5	2	3	1	4	1	1	...	...	3	3	2	26	6
Kidderminster Borough	...	...	3	...	3	...	4	..	27	3	6	29	...	3	38	32	15	5	32	3	1	...	24	...	2	20	11	...	95	2
Lye and Wollescote	...	...	...	...	3	1	1	...	8	...	...	7	1	1	7	17	10	3	20	1	1	...	2	...	...	8	10	2	57	6
Malvern	...	...	...	...	...	..	3	1	14	1	...	16	1	2	16	10	9	...	2	...	2	...	5	1	...	11	4	1	66	...
Oldbury	1	...	64	...	1	5	4	1	16	5	8	38	2	9	31	48	33	3	69	1	6	1	12	1	...	52	14	4	117	1
Redditch	...	...	...	1	..	1	2	1	12	...	2	8	1	3	15	16	21	2	5	...	2	...	4	..	...	9	1	...	41	30
Stourbridge	1	...	2	...	5	5	3	...	15	...	3	16	2	2	23	26	9	1	6	2	...	2	5	1	1	23	6	3	72	3
Stourport	1	...	1	...	...	...	...	...	2	4	2	5	...	...	4	4	5	...	3	...	1	1	3	...	...	1	2	...	14	4
Totals	3	...	71	2	16	14	23	3	112	16	23	161	8	26	167	183	116	16	146	8	19	6	60	3	4	150	58	12	554	99
Rural Districts.																														
Bromsgrove	...	..	1	...	..	...	3	...	10	1	5	19	1	...	22	11	6	...	6	...	1	...	8	...	1	5	10	...	21	43
Droitwich	2	...	...	...	...	...	2	...	7	...	...	15	...	1	19	7	2	3	...	...	1	...	3	...	2	6	8	1	34	30
Evesham	1	...	...	...	2	...	...	...	5	...	1	13	...	...	18	2	4	1	...	...	1	...	...	..	3	13	4	...	38	8
Feckenham	...	...	1	...	...	...	1	...	5	1	...	8	...	1	8	4	3	1	1	...	...	...	4	...	1	3	1	...	27	12
Halesowen	1	...	24	3	3	3	2	...	13	6	8	25	2	2	15	33	22	3	12	2	...	...	11	...	1	44	10	3	98	5
Kidderminster	...	...	1	...	...	...	2	...	5	...	...	9	1	1	10	2	3	...	5	1	...	...	3	...	...	5	2	...	13	15
Martley	1	...	...	...	...	3	3	...	8	2	1	19	1	1	24	4	12	...	1	...	2	...	3	...	1	6	9	...	45	...
Newent (part)	...	...	...	...	...	...	...	...	1	...	...	1	...	...	4	2	2	...	...	...	...	...	...	...	...	...	2	...	2	...
Pershore	...	...	12	1	...	1	...	...	7	1	1	15	...	...	29	12	10	8	6	1	2	...	4	...	...	8	5	1	35	8
Rock	...	...	...	...	...	...	...	...	2	...	...	5	...	1	3	1	1	...	...	...	...	...	...	...	1	1	...	...	11	...
Shipston-on-Stour	...	...	...	...	...	2	...	...	5	...	...	5	...	...	7	3	3	2	7	2	...	...	3	...	...	5	1	...	20	1
Stow-on-the-Wold (part)	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Tenbury	...	...	...	...	...	...	1	...	2	1	1	3	...	...	13	6	5	.	...	...	...	...	4	...	...	3	5	1	18	...
Tewkesbury (part)	...	...	1	...	...	...	...	...	1	1	...	3	...	...	4	1	3	1	...	.	...	...	...	...	...	1	...	...	11	...
Upton-on-Severn	...	...	...	1	.	...	3	...	13	1	3	10	...	2	38	9	6	...	...	...	...	...	2	...	1	7	4	...	32	29
Winchcombe (part)	...	...	...	...	...	...	..	...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1
Totals	5	...	40	5	5	9	17	...	84	14	21	151	5	9	216	98	83	19	38	6	7	...	45	...	11	107	61	6	405	154

(a) Arrived at by excluding deaths of non-residents and including deaths of persons properly belonging to the Districts, but who died in Public Institutions outside these Districts.
(b) Including population of Powick Asylum.

"it stood in 1911 to 10·5 per thousand persons living. These two "rates are the lowest ever recorded in this country. The next lowest "being 11·2 in 1909 as the death-rate in 1912 was the lowest yet "attained, and yet the natural increase was also exceptionally low, it "is evident that the fall in the birth-rate has now reached a point at "which it is no longer likely to be fully compensated by decrease in "mortality. . . . . It seems almost certain that continuance "of the present fall in natality must tend more and more to outstrip "that in mortality.

"The rise in the natural increase in 1912 is confined to the towns. The "country districts had naturally not been so much affected by the in- "fantile diarrhœa which so adversely influenced the mortality of "1911, and consequently their death-rate fell much less in 1912. On "the other hand, as already noted, they experienced the greatest fall "in natality of any class of area in 1912. Hence it has come about "that in the rural areas of the midland and south the natural increase "was actually less than in the exceptionally unfavourable year 1911, "and in those of the country at large only just equal to that of 1911. "Much attention has of late been directed to lack of cottage accom- "modation in rural areas, which is stated in some cases to diminish "opportunity for marriage and parenthood, and in view of such state- "ments additional interest attaches to the fact that natural increase "was at its lowest in the rural districts in 1912."

On reference to Table II., it will be seen that the Birth-rates of 17 of the 28 Sanitary Districts are below that of the County (22.5):

Droitwich Borough	20·6
Evesham Borough	20·0
Kidderminster Borough	21·4
Malvern	12·9
Redditch	20·2
Stourport	21·3
Bromsgrove Rural	21·2
Droitwich Rural	16·1
Evesham Rural	22·2
Feckenham Rural	16·1
Martley Rural	20·2
Pershore Rural	19·7
Rock Rural	19·3
Stow-on-the-Wold	3·2
Tewkesbury (part)	16·4
Upton-on-Severn	17·0
Winchcombe (part)	17·0

Evesham Borough (County Medical Officer).

The average Birth-rate for 1908-12 is 26·1, so this low rate (20·0) is apparently exceptional.

Malvern Urban District (Dr. Mitchell).

"The birth-rate of 12·9 per 1,000 of the population is the lowest on "record."

Notification of Births Act, 1907.

This Act has now been in force in the County for four years, and has worked very smoothly.

Parents are more alive to their responsibilities under the Act, and it has not been necessary to call attention to so many non-notifications of Births as in previous years.

The following statement shows the numbers of Births notified in the Administrative County between the 1st January and the 31st December, 1913, viz:—

By Medical Men as to Infants.		By Midwives as to Infants.		By other persons as to Infants.		Total.	
Living.	Dead.	Living.	Dead.	Living.	Dead.	Living.	Dead.
1,318	89	4,884	170	423	2	6,625	261

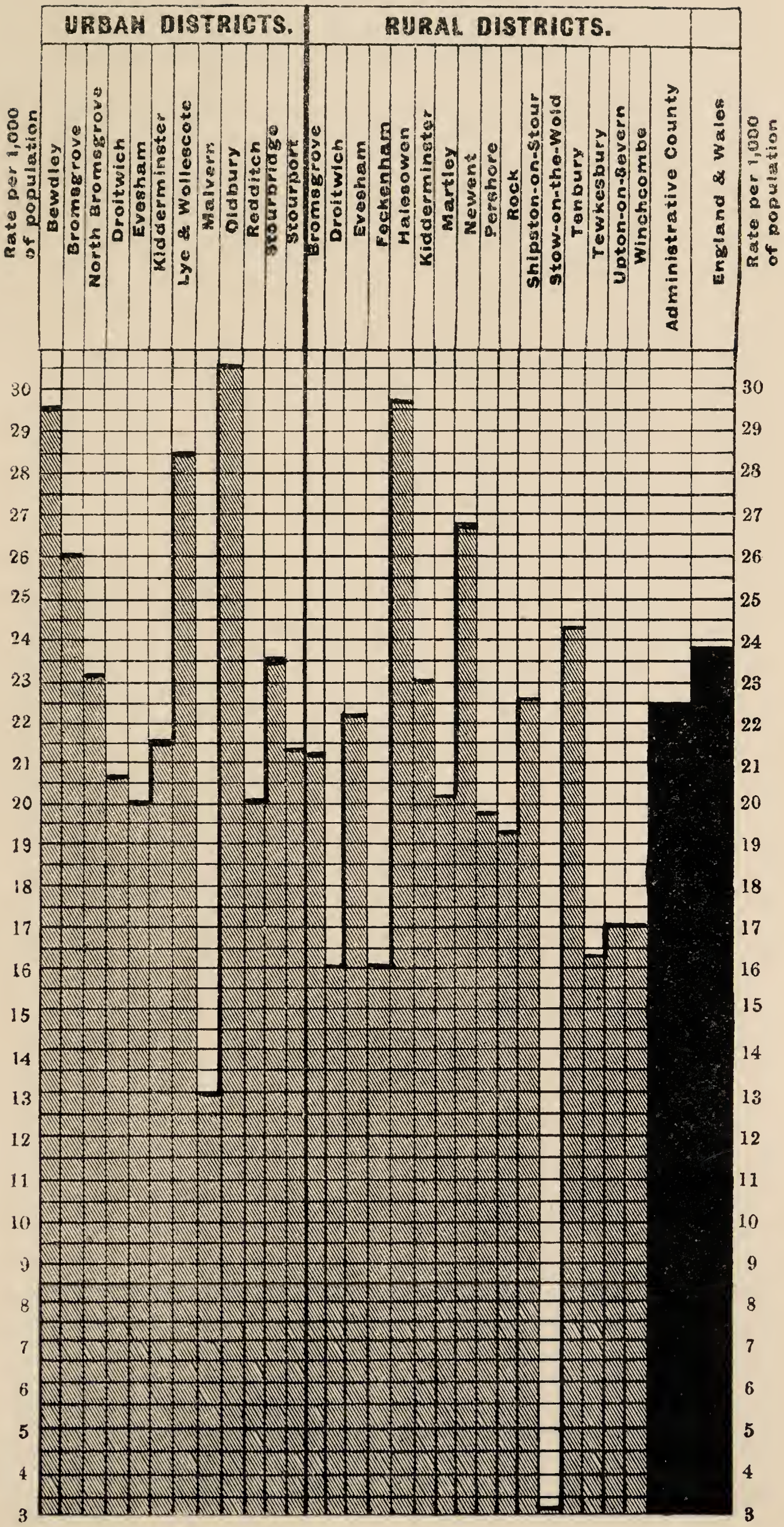
About 60 per cent. of these Births were attended by Midwives.

The following is a statement of Births notified in each Sanitary District in the Administrative County, during the past year, viz:—

SANITARY DISTRICTS.	Number of Births notified to County Medical Officer in 1913.	
Urban.		
Bewdley Borough	74	
Bromsgrove	259	
Bromsgrove North	173	
Droitwich Borough	87	
Evesham Borough	175	
Kidderminster Borough	617	
Lye & Wollescote	347	
Malvern	236	
Oldbury	1088	
Redditch	333	
Stourbridge	456	
Stourport	98	
	——	3943

1913.

BIRTH-RATES.



Rural.

Bromsgrove - - - - - -	297	
Droitwich - - - - - -	237	
Evesham - - - - - -	213	
Feckenham - - - - - -	96	
Halesowen - - - - - -	824	
Kidderminster - - - - -	148	
Martley - - - - - - -	293	
Newent - - - - - -	31	
Pershore - - - - - -	274	
Rock - - - - - - -	40	
Shipston-on-Stour - - - - -	116	
Stow-on-Wold - - - - -	—	
Tenbury - - - - - -	106	
Tewkesbury - - - - - -	40	
Upton-on-Severn - - - - -	226	
Winchcombe - - - - - -	2	
	——	2943
Total - - -		6886

This shows that 6,886 births were "notified," and Table II. shows that 6,602 were "registered." As there were 261 "still-births" (which are not "registered") it appears that the difference between the "notified" and "registered" is only 23. So that "notification" seems to be carried out thoroughly. It is impracticable to compare these figures in the various Sanitary Districts, because these are not co-terminous with Registration Sub-Districts.

The following is a list of the Still-Births reported during the past seven years, and for the sake of comparison the King's Norton and Northfield, and Yardley figures from 1907 to 1911, are not included.

	1907.	1908.	1909.	1910.	1911.	1912.	1913.
Notified by Midwives ...	64	68	92	139	150	191	173
Notified by Doctors and Parents	...	...	40	142	129	85	91
	64	68	132	281	279	276	264

I have given a resumé of the administration arrangements in my two previous Annual Reports, so I do not propose to do so on this occasion. The work under the Act has become stereotyped,

and leaves but little to report, beyond the fact, that the Act is extremely valuable, especially in those districts where Health Missioners are available to follow up the cases.

The cost of administering it, does not exceed £100 per annum.

Unfortunately, you only employ Health Missioners for Lye and Wollescote, Oldbury, Redditch, and Stourbridge Urban, and Halesowen Rural, Districts; consequently, the full advantages of this Act are not reaped in the other County Districts.

I shall refer to this question again in subsequent paragraphs with regard to "Health Missioners" (p. 34 to 38).

Deaths.

Table IV. compares the County Net Death-rates with those of England and Wales during the years 1904-13 inclusive, and the Map and Diagram (No. 2) other comparisons.

TABLE IV.

Districts.	Rates per 1,000 of population.										Standardized Death-rate. 1913.
	1913	1912	1911	1910	1909	1908	1907	1906	1905	1904	
Urban Districts (12) -	13·02	12·6	14·8	11·5	14·4	12·5	13·6	14·1	13·2	14·8	12·57
Rural Districts (16) -	12·1	12·9	13·2	11·4	13·0	12 6	13 1	13·6	13·2	13·5	10·86
Administrative County	12·6	12·7	14·0	11·5	13 8	12 6	13·4	13 9	13 2	14·3	11·7
England and Wales -	13·7	13·3	14·6	13·4	14·5	14 7	15·0	15·4	15·2	16·2	12·2

The County Death-rate for 1913 (12·6) is, with the exception of those for 1910 (11·5) and 1908 (12·6) the lowest on record: and the "Standardised Death-rate" (see next paragraph but one) is even lower (11·7).

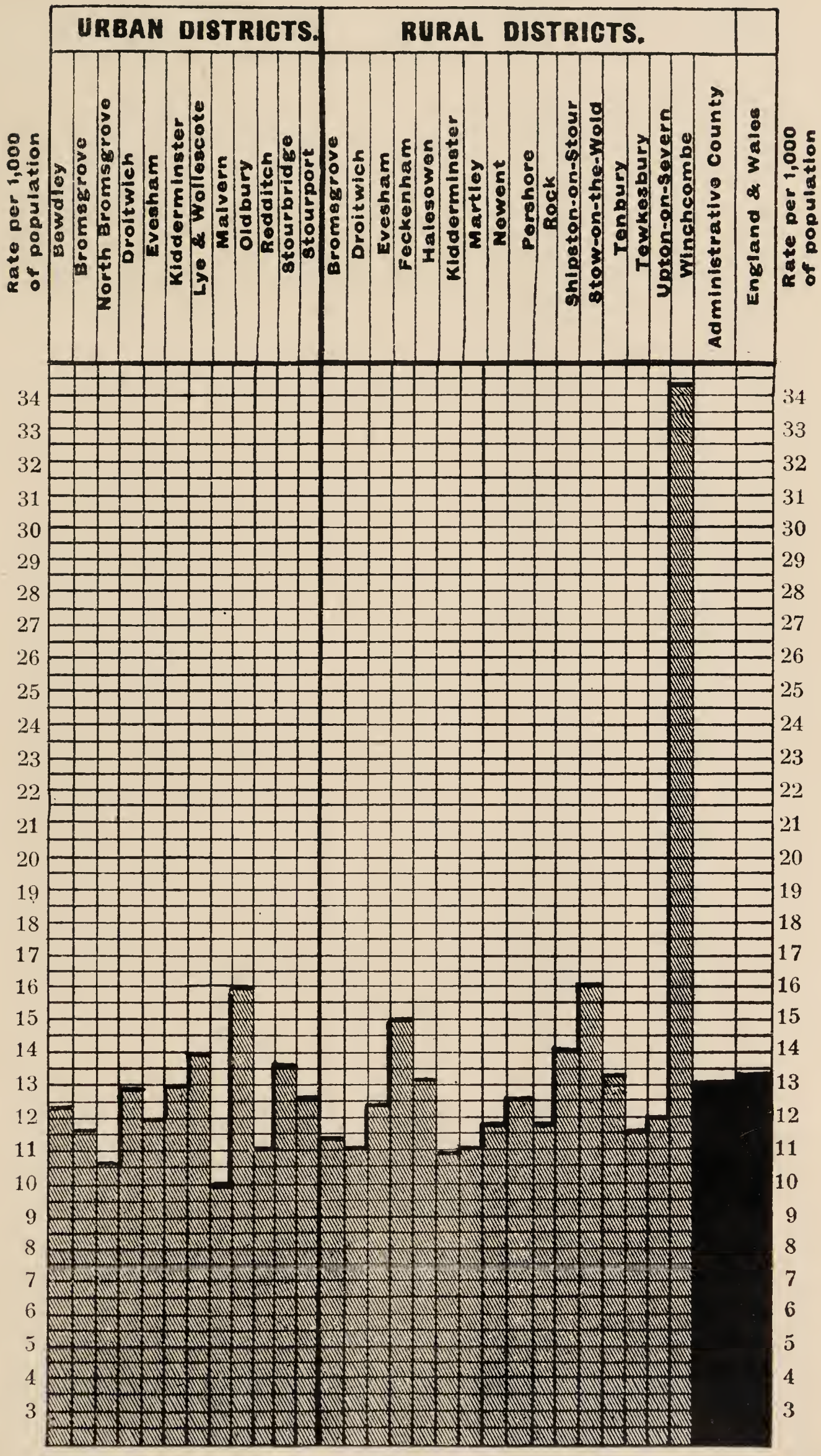
The corresponding Death-rate for 1913 of England and Wales (13·7) was 0·4 for 1,000 above the rate in 1912. Compared with the average rate in the ten years 1903-12, the Death-rate in 1913 showed a decrease of 1·2 per 1,000.

Standardised Death-rates.

In May 1913, the "Superintendent of Statistics" in the "General Register Office" forwarded to me the factors for correcting the general Death-rates in the County.

1913.

GENERAL NETT DEATH-RATES.



The factor for correction is the figure by which crude Death-rates should be multiplied, in order to correct differences of age and sex constitution of population.

When the net Death-rate of each district is multiplied by the respective "factor" sent, a Death-rate is arrived at, which is strictly comparable with the Standardised Death-rate of any other district.

The following Table gives the "net Death-rate," the "factor," and the "Standardised Death-rate" of each Sanitary District in the County. It will be noticed that except in Lye and Wollescote and Oldbury and Redditch Urban, and Halesowen Rural, Districts the Standardised rates are below the "net Death-rates."

Districts.	Net Death Rate.	Factor.	Standardized Death Rate.
Urban—			
Bewdley Borough	12·38	·8615	10·66
Bromsgrove	11·5	·8839	10·16
Bromsgrove North	10·6	·9167	9·72
Droitwich Borough	12·7	·8287	10·52
Evesham Borough	12·0	·9843	11·81
Kidderminster Borough ...	12·9	·9688	12·49
Lye and Wollescote	14·0	1·0113	14·16
Malvern	9·9	·9297	9·30
Oldbury	15·9	1·0249	16·29
Redditch	11·1	1·0257	11·38
Stourbridge	13·5	·9502	12·82
Stourport	12·6	·9311	11·73
Urban Rates ...	13·0	·9667	12·57
Rural—			
Bromsgrove	11·3	·8832	9·98
Droitwich	11·0	·8295	9·12
Evesham	12·3	·8602	10·58
Feckenham	15·0	·8553	12·83
Halesowen	13·2	1·0297	13·59
Kidderminster	10·8	·8483	9·16
Martley	11·1	·8220	9·12
Newent (part)	11·7	·7482	8·75
Pershore	12·5	·8209	10·26
Rock	11·7	·7452	8·72
Shipston-on-Stour	14·0	·7317	10·24
Stow-on-the-Wold (part) ...	16·0	·7268	11·63
Tenbury	13·3	·8538	11·35
Tewkesbury (part)	11·6	·8128	9·43
Upton-on-Severn	12·0	·8169	9·80
Winchcombe (part)	34·4	·8009	27·55
Rural Rates ...	12·1	·8620	10·68
County Rates ...	12·6	·9159	11·5

Table II. shews that the Death-rates for 1913 of the undermentioned Districts exceeded that of the administrative County (12·6).

Droitwich Borough	12·7
Kidderminster	12·9
Lye and Wollescote Urban	14·0
Oldbury	15·9
Stourbridge	13·5
Feckenham Rural	15·0
Halesowen Rural	13·2
Shipston-on-Stour	14·0
Stow-on-the-Wold	16·0
Tenbury	13·3
Winchcombe	34·4

The Death-rates for the Stow-on-the-Wold and Winchcombe Districts are evidently accidental, as the small populations of these districts cause considerable fluctuation in the rates.

The following are some references to the above Death-rates given in the Medical Officers' Annual Reports :—

Droitwich Borough (Dr. Roden).

" the lowest death-rate (12·7) I have ever recorded."

Lye and Wollescote Urban (Dr. Darby).

" This death-rate, though slightly higher than last year, is below the " average for the five previous years, though it is only fair to take into " consideration the fact that the same accurate information as to " deaths outside the district was not available prior to 1911. The " death-rate of the district was a little above the death-rate for " England and Wales; the difference was only ·3 per 1000 however."

Oldbury Urban District (Dr. Buttery).

" This compares rather unfavourably with that of the previous year (1912) " when the net death-rate was 13·6 per annum. This increase is " principally due to two causes, viz.: deaths from Measles and " diarrhœal diseases, the Measles deaths being 64 compared with " 3, an increase of 61 over the previous year. The diarrhœal deaths " were 69 compared with 19, an increase of 50. These two diseases " therefore, give a nett increase of 111 deaths over what they gave " in 1912. But for this increase of Epidemic disease, our death-" rate would have been much less than it was in 1912, which pro-" vided a record.

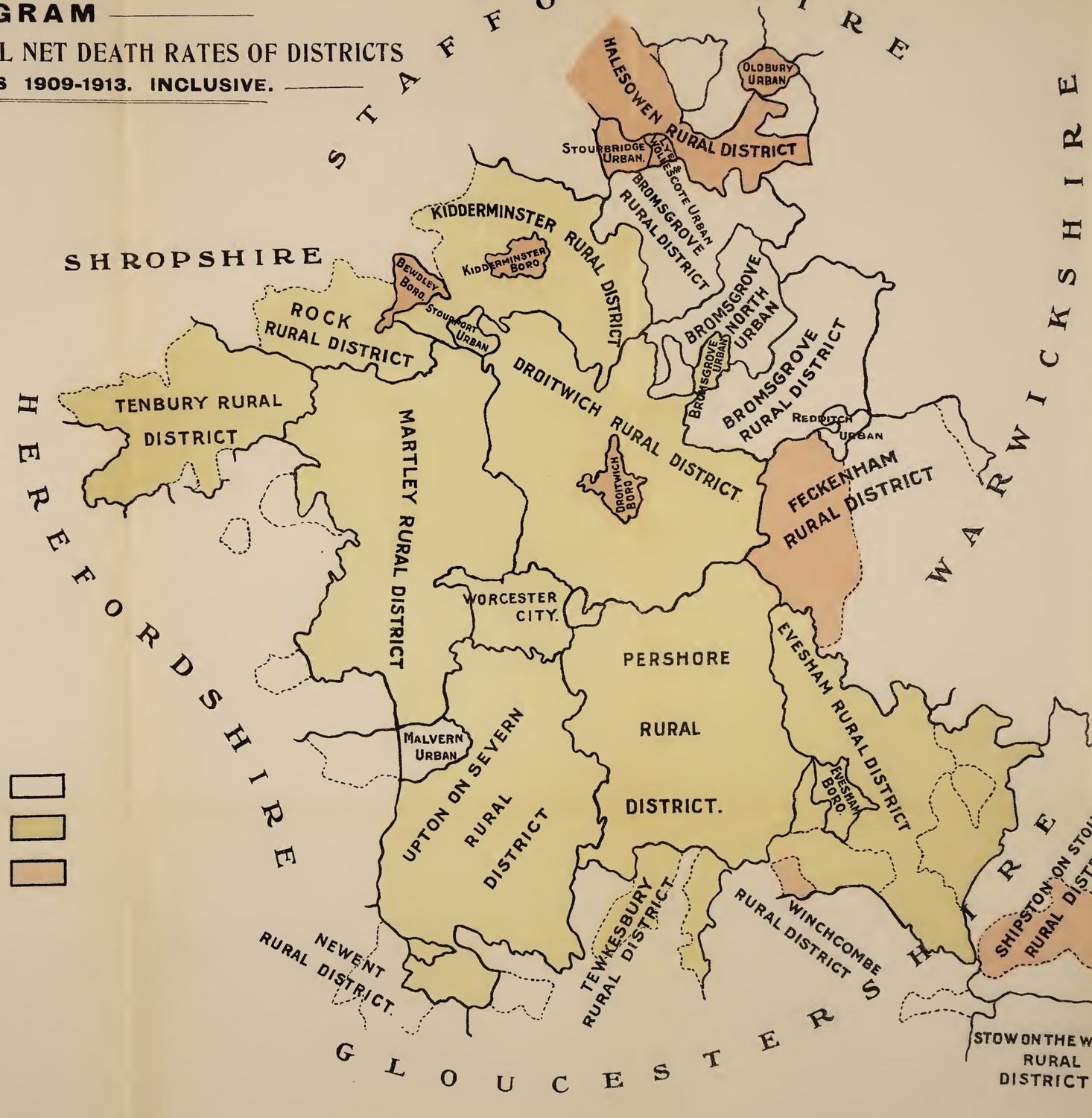
Feckenham Rural District (County Medical Officer).

" Both the death-rate and the infantile mortality were high, and con-" siderably above the average. The standardised rate is 12·83. Of " the 82 deaths, infectious diseases caused 7 deaths, viz.: Measles 1, " Influenza 1 and Pulmonary Tuberculosis 5. There were also 8 " deaths from Cancer, 8 from Heart Disease, and 7 from Bronchitis " and Pneumonia."

DIAGRAM

SHOWING THE AVERAGE GENERAL NET DEATH RATES OF DISTRICTS

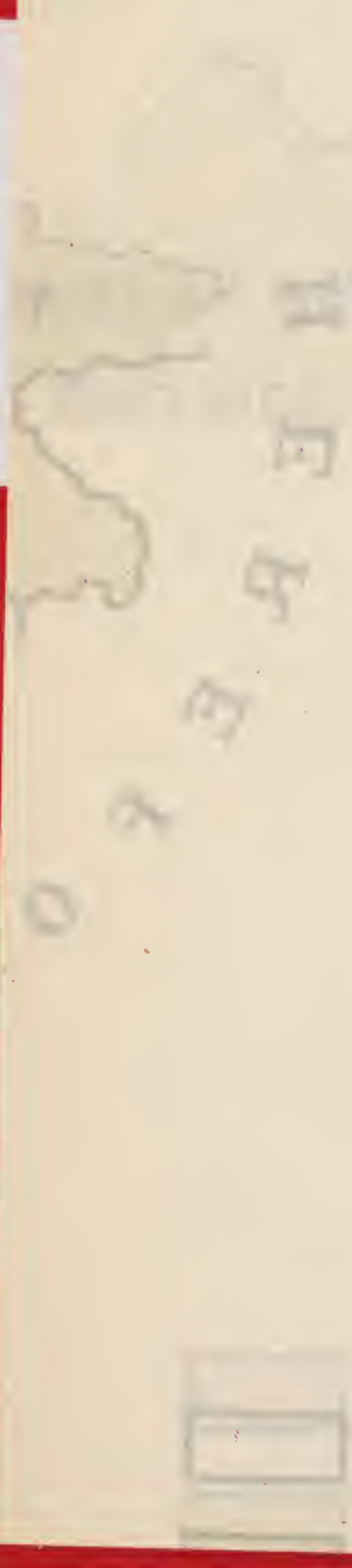
FOR THE FIVE YEARS 1909-1913. INCLUSIVE.



References.

Death Rates under 12 per 1,000	
,, ,, 12 and under 14 ,, ,,	
,, ,, 14 ,, 16 ,, ,,	

Urban Districts	DEATH RATE. Average for 5 Years.	per 1,000
Bewdley Boro	1909-1913	14·5
Bromsgrove	,,	13·2
Bromsgrove North	,,	11·7
Droitwich Boro.	,,	14·7
Evesham Boro	,,	12·5
Kidderminster Boro.	,,	14·5
Lye and Wollescote	,,	15·2
Malvern	,,	11·4
Oldbury	,,	15·7
Redditch	,,	11·7
Stourbridge	,,	14·1
Stourport	,,	12·6
Rural Districts.		
Bromsgrove	,,	11·5
Droitwich	,,	12·4
Evesham	,,	12·1
Feckenham	,,	14·2
Halesowen	,,	14·1
Kidderminster	,,	12·5
Martley	,,	13·1
Newent	,,	11·3
Pershore	,,	13·9
Rock	,,	13·1
Shipston-on-Stour	,,	15·8
Stow-on-Wold	,,	9·0
Tenbury	,,	13·9
Tewkesbury	,,	13·2
Upton-on-Severn	,,	12·7
Winchcombe	,,	15·4



Shipston-on-Stour Rural District (Dr. Findlay).

"This is the lowest death-rate recorded during the last five years. In "a rural district such as this, where there is a much larger propor- "tion of people advanced in years than there is in urban districts, "the death-rate is bound to be rather high . . . . the standard death- "rate appears at 10·2 per 1000 of the population."

Tenbury Rural District (Dr. White).

"A death-rate of 13·3, the average rate of the last five years being 13·6, "and the rate for Rural England and Wales for the year 13·1. The "Registrar General has this year supplied a factor for standardizing "the death-rate for varying proportions of males and females living "at different ages, which will in this respect be comparable with "similarly standardized rates for other areas in the Country. The "standardized death-rate for Tenbury Rural District is 11·3 and that "for Rural England and Wales 12·1. Twenty-eight of the deaths were "of persons over 70 years of age, 5 of them being over 80, and 1 over "90."

Zymotic Diseases.

Notification.

The "Public Health (Tuberculosis) Regulations 1912" came into operation on February 1st, 1913, and made Non-pulmonary Tuberculosis a compulsorily notifiable disease: and "The "Public Health (Ophthalmia Neonatorum) Regulations 1914," which came into force on April 1st, 1914, also make "Ophthalmia "Neonatorum" (a purulent discharge from the "eyes of an "infant commencing within twenty-one days from the date of its "birth) a notifiable disease."

Owing to your representations, 22 of the 28 Sanitary Authorities in the County had previously adopted compulsory notification of Ophthalmia Neonatorum, so that the Board's recent Order makes little change in County Notification.

The diseases at present compulsorily notifiable in this County are Smallpox, Scarlet Fever, Diphtheria, Enteric Fever, Puerperal Fever, Tuberculosis (Pulmonary as well as non-pulmonary), Acute Poliomyelitis, Cerebro-Spinal Fever, and Ophthalmia Neonatorum. Measles and Whooping Cough are not notifiable, and—as I said last year—*under the existing order of things,* I cannot say they ought to be.

Table V. shows the Death-rates of the respective Zymotic diseases, and the total number of notifiable cases and deaths, and Hospital cases and Hospital deaths in each Sanitary District during 1913.

TABLE V.

District.	Estimated Population 1913.	Scarlet Fever.					Diphtheria and Membranous Croup.					Enteric Fever.					Puerperal Fever.		Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Ophthalmia Neonatorum.		Acute Poliomyelitis.	
		Cases.	Deaths.	Hospital Cases.	Hospital Deaths.	Death Rate.*	Cases.	Deaths.	Hospital Cases.	Hospital Deaths.	Death Rate.*	Cases.	Deaths.	Hospital Cases.	Hospital Deaths.	Death Rate.*	Cases.	Deaths.	Cases.	Deaths,	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Urban.																										
Bewdley Borough - -	2,745	2		1			2										1		9	2	1					
Bromsgrove - -	9,000	18		16			1		1										12	2	2	2	1		1	
Bromsgrove North - -	7,350	24	1	24		0·1	5		3			3		3					15	5	2	2				
Droitwich Borough - -	4,160	10										1							8	2		1				
Evesham Borough - -	8,460	60		59			42	2	34	2	0·2	2	1	2	1	0·1			20	7	5					
Kidderminster Borough- -	27,700	33		24			8												48	27	26	9	3			
Lye and Wollescote - -	11,825	9		2			25	1	5		0·08								51	8	2					
Malvern - - - -	16,514	26		22			13		10								1	1	58	14	4	1				
Oldbury - - -	34,000	97		34			26	5			0·1	4	1	2		0·02	1	1	55	16	11	13	3		1	
Redditch - - - -	15,900	62	1	47		0·06	4	1	3		0·06								41	12	14	2	3			
Stourbridge - - -	17,553	31		21			9	5	3		0·2	3	1	2		0·05	1	1	69	15	8	3				
Stourport - - - -	4,412	11					7					1							9	2	4	6				
Totals - - -	159,619	383	2	250		0·01	142	14	59	2	0·08	14	3	9	1	0·01	4	3	395	112	79	39	10		2	

Rural.

Bromsgrove	15,300	95					10					1					1		19	10	3	6	1					
Droitwich	12,986	22		14			4		1			3	2	2		0·1			40	7	7							
Evesham	9,240	30		26			7		7			1	1			0·1			13	5	1	1						
Feckenham	5,456	30		28			3		2										14	5	3	1						
Halesowen	26,518	168	3	138		0.1	21	3	12	3	0·1	6	1	5	1	0·03			45	13	28	14	1					
Kidderminster	7,200	29		1								1							20	5			1					
Martley	13,063	52		5			10	3			0·2	1	1			0·07			45	8	11	3						
Newent (part)	1,193																			1								
Pershore	13,300	81	1	74	1	0·07	2	1			0.07								26	7	6	2	1					
Rock	2,220																		3	2	1							
Shipston-on-Stour	4,713	5		3			8	2			0·4	1							9	5	3		1					
Stow-on-the-Wold (part)	311	1																				1						
Tenbury	4,705	1																	7	2	1	2						
Tewkesbury (part)	2,317	10		5															1	1		1						
Upton on-Severn	14,600	37	1	33		0·07	20		19										56	13	7	4	1					
Winchcombe (part)	116																											
Totals	133,238	561	5	327	1	0·03	85	9	41	3	0·06	14	5	7	1	0·03	1		298	84	71	35	6					

NOTE.—No case of Smallpox has been notified in the County since June 1907.

* Per 1,000 of Population.

Smallpox.

No case of Smallpox has occurred in the County since 1907.

Many Medical Officers of Health refer in their 1913 Reports to the large number of persons in their districts who are unvaccinated. Dr. Miles says, that less than half the children in No. 2 District of the Kidderminster Union, of which the Borough of Bewdley forms a part, are now being vaccinated. Dr. Kidd (Bromsgrove) states "some day the infection is sure to be intro-"duced, and it is then that the present neglect of vaccination will "show its effects."

Dr. Hodgson Moore (Kidderminster) "regrets to see the "growing tendency of the public for obtaining exemption certifi-"cates for their children."

As England is now engaged in war with populations who are largely unvaccinated, Local Authorities should be prepared to promptly deal with outbreaks of Smallpox. During the Franco-German War of 1870-71 this disease assumed epidemic proportions of great magnitude.

Measles.

Table VI. shows the number of Deaths and Death-rates in the County during each of the years 1904-1913 inclusive, and compares the latter with the corresponding rates of England and Wales.

TABLE VI.

		1913	1912	1911	1910	1909	1908	1907	1906	1905	1904
Administrative County	No. of Deaths -	111	21	119	15	227	23	176	28	88	100
	Rate per 1,000 of population	0 37	0 07	0·4	0 03	1·5	0·05	0·40	0 07	0 22	0·26
England & Wales	Rate per 1,000 of population	0·28	0·35	0·36	0·23	0·35	0·22	0·36	0·27	0 3-	0 36

Measles seems (see Table II.) to have been prevalent in some Districts last year, particularly in Oldbury Urban, and Halesowen and Pershore Rural Districts.

Table VI. confirms the well-known fact, that outbreaks of Measles are explosive, and usually occur every two or three years: and that when they do occur, are apt occasionally to be very fatal.

Borough of Kidderminster (Dr. H. Moore).

"Eighty-five cases have come officially to our knowledge. This re-"presents only a small proportion of the cases that have occurred—"3 deaths."

Lye Urban District (Dr. Darby).

"This disease became prevalent during the later months of the year, "and several Schools had to be closed at the end of 1913 and "beginning of 1914 in order to prevent the spread of the disease "among young children. There were no deaths."

Oldbury Urban District (Dr. Buttery).

"64 deaths were due to Measles. Handbills were distributed over the "whole district giving instructions how to treat this disease."

Stourbridge Urban District (Dr. W. Freer).

"There were 2 deaths. As a large number of Scholars attending the "Infant Department of Hill Street Council School were absent "on account of Measles in April, it was considered expedient to "close this department for a period of 4 weeks."

Stourport Urban District (Dr. Robinson).

"Measles was introduced into St. John's School by a child from an "adjoining district in April, and the School was closed for a week "by the County Medical Officer. By this time 75 per cent of the "children were attacked and the closure was extended till after the "Whitsuntide holidays, which were almost due. By that time the "disease had disappeared without spreading to the other Schools. "The type of the disease was comparatively mild, and only 1 child "died."

Feckenham Rural District (County Medical Officer).

"Measles was epidemic at Astwood Bank and Cookhill in February, in "consequence of which, it was necessary to close the Elementary "Schools. It did not assume a severe type—only 1 death occurred."

Halesowen Rural District (Dr. Brett Young).

"24 deaths were registered—20 of the deaths being under 5 years. The "Health Visitor did much useful work during the prevalence of "Measles, in visiting and advising as to the care needed, especially "during convalescence."

Pershore Rural District (County Medical Officer).

"Measles was unusually prevalent during the year, and necessitated the "closure of several schools. The mortality equalled 0·9 per 1,000 of "the population. All the deaths occurred in children: which is nearly "always the case. The visitation in Pershore town was very severe, "where no less than 7 of the 12 deaths occurred. Measles is too "often regarded as a child's disease of small importance, whereas it is "ordinarily much more severe than Scarlatina. In order to combat "this disease, I drew up a leaflet which the Sanitary Inspector caused "to be freely distributed in Pershore."

Rock Rural District (Dr. White).

"Leaflets on Measles were distributed in the parish (of Bayton), and an "endeavour made to confine the cases to their homes, by personal "visits of myself and the Inspector."

26 Schools in the County were closed during 1913 in consequence of the prevalence of Measles.

Whooping Cough.

Whooping Cough was not as prevalent in the County last year as in the three previous years. It caused 21 deaths in 1913, 94 in 1912, 49 in 1911, and 103 in 1910.

Table II. shows in which Districts these deaths took place. It is reported to have been "epidemic" in Bromsgrove, "slightly prevalent" in Bournheath and Catshill (Bromsgrove North Urban District), and prevalent in Lye, and Stourbridge Urban, Districts: as well as at Charlton, Eckington and Bricklehampton (Pershore Rural District) and Bayton (Rock Rural District).

The closure of 20 Schools was necessitated by outbreaks of this disease.

Scarlatina.

Table VII. shows the numbers of cases, and deaths, and Hospital cases, and Hospital deaths, from Scarlatina, and the Death-rates per 1,000 of population in the Urban and Rural Districts collectively, and Administrative County, during each of the years 1904-1913 inclusive; also the corresponding rates of England and Wales.

TABLE VII.

Districts.		1913	1912	1911	1910	1909	1908	1907	1906	1905	1904
Urban (12)	Death Rate*	0·01	0·03	0·11	0·06	0·16	·1	0·17	0·05	0·04	0·12
	Cases	383	399	716	994	1376	1016	1069	584	548	1123
	Deaths	2	5	17	15	39	26	39	12	9	26
	Hospital Cases	250	288	500	624	993	734	646	434	392	869
	„ Deaths	–	2	4	2	9	13	9	1	7	14
Rural (16)	Death Rate*	0·03	0·03	0·07	0·06	0·06	·08	0·08	0·03	0 06	0·05
	Cases	561	326	488	624	704	751	638	599	628	735
	Deaths	5	4	10	13	13	15	15	6	11	9
	Hospital Cases	327	207	291	242	383	422	392	379	407	454
	„ Deaths	1	1	2	4	11	7	4	2	1	6
Administrative County (28)	Death Rate*	0·02	0 03	0·09	0·06	0·12	·09	0·13	0·04	0·05	0·09
	Cases	944	725	1204	1618	2080	1767	1707	1183	1176	1858
	Deaths	7	9	27	28	52	41	54	18	20	35
	Hospital Cases	577	495	791	866	1376	1156	1038	813	799	1323
	„ Deaths	1	3	6	6	20	20	13	3	8	20
England and Wales	Death Rate*	0·06	0·05	0·05	0·06	0·09	0·08	0·09	0·10	0·11	0·11

* Per 1,000 of population.

A few more cases of Scarlatina (944) were notified in 1913 than in 1912 (725) : but the number was considerably less in these years than in either of the eight previous years. The Death-rate from the disease was low (0·02) and only one-third of that for England and Wales. It caused only seven deaths in 1913 as compared with 111 from Measles. This confirms remarks I have more than once made that "Measles is too often regarded as a "child's disease of small importance, whereas it is ordinarily much "more severe than Scarlatina."

Bromsgrove North Urban District (Dr. Kidd).

"Epidemic disease has been singularly light considering that neighbour-
"ing districts have suffered severe visitations, one sharp outbreak of
"Scarlet Fever at Rubery (24 cases, 1 death), which was satisfactorily
"checked, being the only epidemic of any importance. . . . . As
"Scarlet Fever was rife in Birmingham, and the communication with
"Rubery is now so free, I think we escaped lightly. . . . I think
"that hospital isolation has certainly proved its value this year in this
"district. When so many cases suddenly occurred in a week at
"Rubery, I fully expected that a widespread epidemic would follow,
"but prompt isolation of every case—and in no case was there an
"interval of more than a few hours between notification and removal
"—appears undoubtedly to have succeeded in removing sources of
"infection, and in completely checking the further spread of the
"disease."

Evesham Borough (County Medical Officer).

"60 cases of Scarlatina were notified last year as compared with 68 in
"1912, and 32 in 1911. It is obvious therefore, that the disease has
"been prevalent in the Borough during the past 2 years . . . . 59 of
"the 60 patients were promptly moved to the Isolation Hospital. . .
"Removal of patients to the Isolation Hospital did not stamp out the
"disease, but prevented it becoming epidemic. . . . Throughout
"1913, Scarlatina was mild in character, and several of the cases so
"slight, that the disease was not recognised until illness was far
"advanced. Indeed, I have no doubt that some mild cases were
"not heard of at all, although special enquiries were made at the
"Schools and elsewhere; and to this cause alone must the pro-
"longed visitation of Scarlatina be attributed. This method of
"Scarlatina dissemination is frequent, and has become so since the
"disease has assumed the mild form it has done."

Oldbury Urban District (Dr. Buttery).

"Scarlatina has been more or less prevalent during the whole year,
"but never in such a way as to be considered epidemic. Seventy-one
"of the 97 cases reported were in Warley districts. . . . There is
"no doubt that the great number of cases being in Warley, has
"been due to its close proximity to Birmingham and Smethwick
"where the disease has been particularly rife during the past year.
". . . Wherever possible the cases were removed immediately to
"Holly Lane Hospital, 34 cases in all being treated in that institu-
"tion."

Redditch Urban District (Dr. Stevenson).

"Of notifications received, Scarlatina heads the list, 62 cases against 29
"in 1912. It is a peculiar thing that this number about equals our

"average number of Scarlatina cases occurring yearly for the past 10 "years, total of 633 cases being notified from 1903 to 1912. I have "often had it remarked to me that Scarlatina is yearly more preva- "lent in Redditch than in districts round about us. I think there "is some truth in this. I believe for all England and Wales the "Scarlatina sickness rate is just under 3·0 per 1000 of the population. "Our average for the ten years comes out at 4·2 per 1000 inhabitants. "Of our 62 cases only one died.

"The death-rate from Scarlatina has declined steadily from 1880. Modern "sanitation and modern treatment seem to have brought about a "milder form of the disease. Does isolation at hospital lessen the "number of cases? This is questionable. Here our records only "go back seven years before our hospital was opened. In those "seven years we had 802 cases—an average of 86 per year, with a "population less by over 3000 than we have now. As I previously "stated, our average for the past ten years has been 63 per year. "Still, hospital treatment is undoubtedly a heavy burden on the rates. "Costly though it be, I think we must continue it here. We are "peculiarly bound to it, being a town where female labour is so "markedly prevalent. If we save rates, the homes lose weekly in "wages, for in 9 cases out of 10, it is a wage-earner who must stay "at home to nurse the patient."

Stourport Urban District (Dr. Robinson).

"Though 11 cases were notified only 8 households were attacked, 2 cases "occurring in one house and 3 in another. In each house 2 cases "were notified at the same time and in only one instance would re- "moval to hospital have—possibly—prevented a secondary case. The "cases attended all four schools, and not one could be traced to school "infection with any degree of certainty. In all the houses except one "there were other children, and in no instance was the disease trans- "mitted to them.

"My experience of the past ten years confirms an opinion formed long "before, that Scarlatina may be safely isolated at home without "trained nursing if the person in charge is capable and conscientious."

Bromsgrove Rural District (Dr. Coaker).

"95 cases were notified during the year. This is a great increase on "previous years, and is the result of an epidemic in the Eastern portion "of the district, principally in the parish of Alvechurch. . . . As "Alvechurch has been comparatively free from Scarlatina for some "years, a generation of susceptible children was brought into contact "with the disease The principal features of the epidemic (including "a certain amount of return cases) were dealt with in a special "Report. The type of the disease was a mild one."

When Dr. Coaker presented his "Special Report"—a copy of which he sent to the County Council—he stated, as indeed was to be expected, that "he was quite confident the deep drainage "had absolutely nothing to do with the outbreak; and the "epidemic was one of the ordinary contact type."

Halesowen Rural District (Dr. Brett Young).

"The infectious disease most prevalent during the year was Scarlet Fever, "of which 168 cases were notified, compared with 50 for the previous "year. 138 cases were removed to the Isolation Hospital at Hayley "Green. There were 3 deaths from this disease. . . . In the

"localities where Scarlet Fever was most prevalent, there appeared "to be a distinct connection with School attendance. . . . Mild, "unrecognised cases are probably responsible for a good deal of the "spread of infection."

Kidderminster Rural District (Dr. B. Addenbrooke).

"29 cases were notified in the District during the year. This is a con- "siderable decrease in the number of cases notified in 1912, and most "of the cases broke out during the heat of the summer, and were of "a mild type, none proving fatal."

Martley Rural District (Dr. Dykes).

"Scarlet Fever was not at all prevalent except in one District (Shelsley "Walsh, Shelsley Beauchamp, and Stanford Bridge). This area "accounts for considerably more than half the cases. A special report "was sent to the Local Government Board dealing with the outbreak."

Pershore Rural District (County Medical Officer).

"74 of the 81 cases (1 death) were removed to the Isolation Hospital. "The Table submitted shows that the disease was distributed through- "out the District and that it was not epidemic in any locality. . . . "With the exception of the fatal case, the outbreaks (in the 19 locali- "ties) were mild in character."

Upton-on-Severn Rural District (Dr. Cowley).

"This disease (37 cases, 1 death) was distributed over 10 parishes, but "never in epidemic form. The large majority of the cases were of a "mild type."

These statements of the District Medical Officers of Health confirm a well-known fact, mentioned in several of previous "Digests," that Scarlatina now generally assumes a mild form, and that it is often spread through slight unrecognised cases occurring in children attending Elementary Schools.

It will be noticed that Dr. Kidd (Bromsgrove) expresses the opinion that

"Hospital isolation has certainly proved its value and . . . prompt "isolation of every case . . . appears undoubtedly to have suc- "ceeded in removing sources of infection, and in completely checking "the further spread of the disease."

Dr. Stevenson (Redditch) says :—

"Does isolation at Hospital lessen the number of cases? This is ques- "tionable. . . . Hospital treatment is undoubtedly a heavy burden "upon the rates. Costly though it be, (he thinks) we must continue "here. We are peculiarly bound to it, being a town where female "labour is so markedly prevalent. If we save the rates, the homes "lose weekly in wages, for in nine cases out of ten it is a wage- "earner who must stay at home to nurse the patient."

Dr. Robinson (Stourport) takes an opposite view to Drs. Kidd and Stevenson, and writes :—

"My experience of the past ten years confirms an opinion formed long

"before, that Scarlatina may be safely isolated at home without "trained nursing, if the person in charge is capable and conscientious."

The utility of Isolation Hospitals so far as Scarlatina is concerned was discussed in my Digest for 1911 (pp. 68 to 73).

As there were a few "return cases" of Scarlatina connected with the "Bromsgrove, Droitwich, and Redditch Isola- "tion Hospital," I was instructed to report upon the matter, and did so May 2nd, 1914. The following are some extracts from my Report :—

"'Return Cases' are those which arise shortly after the discharge of a "patient from an Isolation Hospital. Patients with nasal or ear dis- "charges are liable to spread infection after returning home, and the "principal cause of the occurrence of 'Return Cases' is the persistence "of such discharges.

"The best known methods for preventing 'Return Cases' are :—

"(a) That as far as practicable every patient should as soon as he is in a "fit condition be transferred from the acute to the convalescent wards.

"(b) That a convalescent ward should be established at each Hospital, in "which the patient should be treated for at least a week before dis- "charge.

"As harm has resulted from the abrupt transition of patients to home "conditions, every endeavour should be made to prepare patients for "their discharge, by providing facilities for their being treated on "'Open-air' methods, in order to prevent the development of infec- "tious nasal and ear discharges and throat affections after the "patients have been at home a few days.

"In order to ascertain how many 'Return Cases' have recently occurred "I communicated with the Medical Officer of Health of each of the "six constituent districts which form the Bromsgrove, Droitwich and "Redditch Isolation Hospital District, who are of opinion that five "such cases occurred in Bromsgrove Rural District, and two in Red- "ditch Urban District, during the 13 months ended February 1st, "1914. No similar cases were reported in the other four Districts.

"The question of 'Return Cases' was reported upon to the Hospital "Committee by the Medical Superintendent (Dr. Kidd) on February "17th, 1914. Dr. Kidd only deals with the five Bromsgrove Rural "District cases in his Report, but he told me at an interview I had "with him on the 28th instant, that the two Redditch cases were "without doubt 'Return Cases.'"

"He informs me that the Hospital has been quite full for the past 8 "months, and for a short time (middle of February to middle of "March 1914) it was over-full, consequently the 'discharging block' "had to be used for about 8 months, during which time the patients "were discharged direct from the wards.

"In order to cope with the number of cases which required to be admitted, "the Committee recently purchased 2 'Tents' (approximately 92ft. "long) and caused them to be erected as 'lean to' structures against "one side of the Scarlatina block. The result of this is, that these "tents (which are made of green canvas) interfere with the efficient "'through ventilation' and lighting of this ward, as they cover three "wall windows (but not the dormer windows) in each of the two "wards.

"In order to meet present requirements and bearing in mind that the "population of the Hospital District has increased by about eight

"thousand five hundred since the Hospital was opened in 1902, Dr. "Kidd and I are of opinion that the time has now arrived for an "additional ward Pavilion to be erected, in order that Scarlatina "patients may be treated on 'open-air methods,' before they are dis- "charged, and we advised the Hospital Committee to that effect at "their Meeting we attended on March 17th last. Such a Pavilion need "not afford provision for more than eight patients nor cost nearly as "much as the other ward pavilions did."

A copy of my Report was sent to the Hospital Committee and their Clerk wrote that the matter had been referred to the Emergency Committee.

11 Schools in the County were closed last year in consequence of outbreaks of Scarlatina.

Diphtheria.

Table VIII. shows the numbers of cases, and deaths, and Hospital cases, and Hospital deaths, from Diphtheria and Membranous Croup, and the Death-rate per 1,000 of the population in the Urban and Rural Districts collectively, and administrative County, during the years 1904-1913 inclusive, and also the corresponding rate for England and Wales.

TABLE VIII.

Districts.		1913	1912	1911	1910	1909	1908	1907	1906	1905	1904
Urban (12)	Death Rate*	0·08	0·05	0.07	0·12	0·16	·1	0·09	0·05	0·07	0·05
	Cases	142	84	119	248	200	192	144	115	99	94
	Deaths	14	8	12	28	39	32	22	11	15	12
	Hospital Cases	59	37	53	118	97	82	44	45	47	25
	,, Deaths	2	3	–	-	2	10	-	-	1	-
Rural (16)	Death Rate*	0·06	0·1	0·1	0·10	0·16	·1	0·11	0·13	0·08	0·14
	Cases	85	157	192	270	280	319	327	266	173	146
	Deaths	9	14	16	20	30	23	20	23	14	25
	Hospital Cases	41	63	101	44	80	53	30	59	3	13
	,, Deaths	3	–		-	1	-	-	2	-	2
Administrative County (28)	Death Rate*	0·07	0·07	0·09	0·11	·16	·13	0·10	0·08	0·07	0·09
	Cases	227	241	311	518	480	511	471	381	272	240
	Deaths	23	22	28	48	69	55	42	34	29	37
	Hospital Cases	100	100	154	162	177	135	74	104	50	38
	,, Deaths	5	3		-	3	10	-	2	1	2
England and Wales	Death Rate*	0·12	0·11	0·13	0·12	0·14	0·15	0·16	0·17	0·16	0·17

* Per 1,000 of population.

The County Death-rate from Diphtheria has fluctuated but little during the past three years, and keeps well below that of

England and Wales. The cases notified in the County during 1913 were fewer than in any other year given in Table VIII. The largest number occurred in the Borough of Evesham.

Evesham Borough (County Medical Officer).

"There were 42 cases in 1913, as compared with 4 cases in 1912, and 3 "cases in 1911.

"Thirty-four of the 42 cases notified last year were treated at the Sana- "torium, and 8 at home. Six of the latter were not removed to the "Sanatorium, as it was full at the time they were notified.

"A child aged 9, who also had Pulmonary Tuberculosis, died of Diphtheria "at the Sanatorium on December 3rd.

"It not infrequently happens that when Scarlatina is prevalent, cases of "Diphtheria crop up; but last year this association was unusually "marked. The disease has, with 7 exceptions, been confined to "children (see Table II.).

"I have most carefully watched whether there has been any possibility of "the outbreak being due to milk, and am quite convinced that such "was not the case. As there was no particular incidence of the "disease at any elementary or other school, it was not necessary to "resort to school closure. Enquiry of local medical practitioners "showed that 'sore throat' had been prevalent in the Borough for "some months past, and there seems little doubt that some of these "were mild cases of Diphtheria, as bacteriological examination of all "children at the schools who so suffered, led to the detection of cases.

"As soon as a case of Diphtheria was notified, and the patient was a "child at an Elementary School, Dr. Harry (who you appointed a "year or two back, with the approval of the Local Government Board) "visited the School and took 'swabs' from the throats of children "who had suspicious symptoms and sent them to the County Bacteri- "ologist. The utility of this procedure has been very marked, as "cases which would otherwise not have been heard of, were detected.

"I am satisfied that these mild cases of Diphtheria (and of course those "of Scarlatina) were in no way due to insanitary conditions, but to "direct personal infection, and no other cause."

Lye and Wollescote Urban (Dr. Darby).

"Diphtheria continues to give considerable trouble, especially among "School children.

"25 cases of this disease were notified, 23 of the children being under 15 "years of age. Five of the cases went to the Isolation Hospital.

"The cases of Diphtheria were mostly very mild or only 'carriers,' that is "not ill constitutionally, but having the germ of the disease in the "nose or throat.

"It is noteworthy that these children are capable of infecting others, who "may develop the disease in a severe form. Hence they are isolated, "and the same precautions taken, as in bad cases.

"There is no doubt that the frequency with which batches of throat "swabs are taken at the Schools has had a good effect in preventing "the spread of the disease in a bad form, for upon visiting Schools "in connection with a notified case, I have often found children who "were apparently well, with the disease germs in the throat, and if "these have not been the actual originators of the disease, they cer- "tainly were likely to infect others if they had not been discovered.

"Amongst one batch of swabs taken from a School 6 cases were reported "by the County Bacteriologist.

"One Schoolmistress, whose children had had Diphtheria, was found to "have the germ in her throat.

"All cases, even though 'carriers' only, are not allowed to return to School "until they produce a medical certificate stating that they are fit.

"Disinfection is carried out after each case and every precaution is taken "to prevent the spread of the disease. There is no common cause "for the disease. I believe that the disease is got by direct infection, "the 'carriers' being responsible for most of the mischief, for there "are probably many which are not discovered even now. The radical "way of dealing with Diphtheria would be to swab every school "child, but the work is too stupendous and would not be quite effec- "tive unless it could all be done at one time. As already intimated, "very exhaustive enquiries are made into every case, and in my "opinion neither defective sanitation nor milk supply are to blame "for the cases we have had, but there is little doubt that insanitary "surroundings, where they do exist, predispose the individual to an "attack by lowering the vitality.

"Diphtheria Antitoxin, supplied by the Urban Council, is handed to "medical practitioners whenever requested.

"Whenever Hofmann's Bacilli are found upon a swab the child is ex- "cluded from School until certified free. I think this is the only safe "course. Clinical evidence seems to point to Hofmann's Bacillus "being a stage in the development of the true Diphtheria Bacillus."

Oldbury Urban District (Dr. Buttery).

"26 cases were reported during the year, being 2 more than in 1912. ". . . There were 3 deaths. . . . In most of the cases a supply "of antitoxin was afforded from the Sanitary Department, on the "application of the medical man attending the cases, and I have not "any doubt whatever that this form of treatment accounts in a great "measure for the lessened mortality from this disease."

Stourbridge Urban District (Dr. H. W. Freer).

"10 cases occurred during the year. Six of the cases reported were "children between the ages of 5 and 15 years. . . . There were 5 "deaths, all between the ages of 5 and 15 years. Antitoxin was "supplied in cases on application of medical attendant."

Stourport Urban District (Dr. Robinson).

"Of the 7 cases notified, 3 were in one house. . . . The infected "premises were not near each other, and had no communication, and "only in one case was school infection at all likely. Swabs are taken "from most cases and forwarded to the County Laboratory for "examination. A succession of two negative swabs, at intervals of "at least 10 days, are required, before the patient is allowed to "return to school. Antitoxin is provided by the Council free of charge "for those who are unable to pay for it."

Halesowen Rural District (Dr. Brett Young).

"21 cases were notified during the year. . . . 12 of the cases were re- "moved to the Isolation Hospital.

"On the investigation of the individual cases, no special cause was found, "but in five cases the yards were unpaved and without means of

"drainage, and in 14 cases defective and leaking privy middens were "found. These were converted to w.c.'s. . . . During the year "swabs were sent to the County Bacteriologist."

Martley Rural District (Dr. Dykes).

"10 cases notified. Two deaths occurred. . . . I have frequently come "across small epidemics of sore-throats, and on bacteriological "examination it has proved to be due to Pseudo-Diphtheria. The "disease may run quite a severe course and be followed by discharging "ears, &c."

Shipston-on-Stour Rural District (Dr. Findlay).

"Eight cases of Diphtheria were notified during the year. All the cases "occurred at Shipston-on-Stour and were all of children ranging from "two to thirteen years of age. . . . Two cases proved rapidly "fatal, both in younger children. These cases were probably the end "of the outbreak which I reported last year, when 37 cases of "Diphtheria were notified at Shipston, and were probably the result "of 'carriers,' the homes infected being in different parts of the "town."

Upton-on-Severn Rural District (Dr. Cowley).

"15 of the 20 cases occurred at Upton-on-Severn.

"Except for an outbreak amongst the children attending the Elementary "Schools at Upton-on-Severn there would have been a marked decrease "in this disease. . . . What may be said of Scarlet Fever may be "said of Diphtheria. Some cases are so undetermined clinically, that "they mix with others at the Schools, which are the centres of infec-"tion, and so the disease gets ahead before it comes to the notice of "the Authorities. . . . The whole of the Diphtheria cases were "treated (at the Isolation Hospital) and no fatal case occurred."

The Medical Officers Annual Reports show, that the majority of Sanitary Authorities in the County utilize their powers under "The Diphtheria Anti-toxin (Outside London) Order 1910," and supply Anti-toxin (serum) free, to Medical Practitioners who need it for persons unable to pay for it; and there is no doubt that this form of treatment has greatly reduced the mortality from diphtheria; and the more promptly it is adopted, the greater is the efficacy.

This view is so generally accepted by the Medical Profession, that I believe it is the rule not the exception, for persons suffering from the disease to be "injected."

Many Annual Reports, besides those from which I have made "extracts" show, that the facilities offered by the County Council for "bacteriological tests" to be made without change, are much appreciated and largely made use of. "Swabbing" of school children's throats (which entails much work on Medical Officers of Health) has led to the suppression of several outbreaks during the year: for as Dr. Cowley writes "Some cases are so "undetermined clinically that they mix with others at the schools,

"which are the centres of infection, and so the disease gets a "head before it comes to the notice of the Authorities."

Drs. Darby (Lye) and Dykes (Martley) refer to Pseudo Bacilli, in connection with Diphtheria; and there is no doubt that during the prevalence of Diphtheria, Dr. Darby's plan of excluding from school-children who have "Pseudo Bacilli" is a precautionary measure which ought to be adopted.

The Annual Reports continue to show that outbreaks of Diphtheria are now generally confined to school children, and that undetected "carrier" cases are the principal cause: for this reason these outbreaks are often prolonged, and very difficult to suppress.

School closure on account of infectious diseases requires to be resorted to with discrimination; but in my opinion it should be ordered sooner in outbreaks of Diphtheria, than in other diseases, in order that "missed carrier cases" should not spread the malady through mixing with children in school.

4 Schools were closed last year in consequence of outbreaks of Diphtheria.

Typhoid Fever.

Table IX. shows the numbers of cases and deaths, and Hospital cases and Hospital deaths and Death-rates, in the Urban and Rural Districts, and Administrative County, and the Death-rates of England and Wales during 1904-1913 inclusive.

TABLE IX.

Districts.		1913	1912	1911	1910	1909	1908	1907	1906	1905	1904
Urban (12)	Death Rate* -	0·01	0·03	0·04	0·02	0·03	·05	0·08	0·05	0·04	0·06
	Cases - - -	14	15	33	42	38	35	67	67	70	53
	Deaths - -	3	6	10	5	9	12	18	12	10	15
	Hospital Cases -	9	7	10	15	21	7	11	26	23	13
	,, Deaths -	1	–		2	-	1	-	2	1	4
Rural (16)	Death Rate* -	0·03	0·01	0·06	0·02	0·04	·02	0·05	0·02	0·02	0·01
	Cases - - -	14	14	50	19	34	39	62	75	34	34
	Deaths - -	5	2	8	4	9	5	10	5	5	3
	Hospital Cases -	7	2	26	1	7	14	8	27	5	8
	,, Deaths -	1	–		-	4	3	-	1	-	-
Administrative County (28)	Death Rate* -	0·02	0·02	0·05	0·02	0·04	·04	0·06	0·04	0·03	0·04
	Cases - - -	28	29	83	61	72	74	129	142	104	87
	Deaths - -	8	8	18	9	18	17	28	17	15	18
	Hospital Cases -	16	9	36	16	28	21	19	53	28	21
	,, Deaths -	2	–		2	4	4	-	3	1	4
England and Wales - -	Death Rate* -	0·04	0·04	0·07	0·05	0·06	0·07	0·07	0·09	0·09	0·09

* Rate per 1,000 of population.

The continued decline of Typhoid Fever shown in Table IX. is most satisfactory.

The districts in which deaths occurred last year are indicated in Table II.

Bromsgrove North Urban District (Dr. Kidd).

"The 3 cases, 2 in one house, occurred in the same week in May, "one at Lickey and the other 2 at Rubery. No local cause could "be found, tap water being in use in both houses; but a week before "the first case was notified I was asked by the Medical Officer of "Health of Birmingham whether we had any cases in North Broms-"grove, as an epidemic of 13 cases existed over the border at King's "Norton. At that time we had had no case for two years, and these "cases subsequently occurring, were probably part of the same local "epidemic."

Oldbury Urban District.

The decline of Typhoid Fever in Oldbury has been most marked. Dr. Buttery says:—

"The number of cases of Typhoid Fever notified during 1913 was 4, being "the smallest number of this disease ever notified."

Stourbridge Urban District (Dr. W. Freer).

"Three cases were notified during the year. . . . That this disease "occurred in only two houses is a matter for congratulation, the "number of cases of Enteric Fever being a good indication of the "Sanitary condition of the town."

Halesowen Rural District (Dr. Brett Young).

"Six cases were notified and there was 1 death. . . . In 2 cases the "water-supply was of local origin, but was found on examination not "to be polluted, and no definite cause was found for the other cases."

Acute Poliomyelitis and Cerebro-Spinal Fever.

Bromsgrove Urban District (Dr. Kidd).

"The single case of Poliomyelitis was in a school-boy, who was isolated "privately."

Redditch Urban District (Dr. Stevenson).

"As regards the two cases of Cerebro-Spinal Fever, they both occurred "in persons of middle life (25 to 45 years). Both were females living "in a good class of house, not in the centre of the town. . . . "Both cases were severe and died. The diagnosis was not confirmed "by a microscopical examination. Disinfection was thoroughly "carried out, and no fresh cases occurred."

The etiology of Acute Poliomyelitis, and Cerebro-Spinal Fever is given at some length in my "Digest for 1911" (pp. 65 to 68).

Ophthalmia Neonatorum.

(Inflammation of the eyes in Infants under 21 days old).

Under the heading "Notification," it has already been stated that Compulsory Notification of Ophthalmia Neonatorum came into operation on April 1st, 1914, but that as 22 of the 28 Sanitary Authorities in the County had (in consequence of your representations) previously adopted it, "The Public Health "(Ophthalmia Neonatorum) Regulations 1914" issued by the Local Government Board made little change in this County.

During the past year, 16 cases of this disease (see Table V.) were reported: these occurred in the undermentioned Districts.

Bromsgrove Urban District (Dr. Kidd).

"The case of Ophthalmia Neonatorum in the Strand in September "fortunately did well in the hands of the District Nurse."

Kidderminster Borough (Dr. H. Moore).

The local Health Missioner (Nurse Dickinson) says:—

"In the early part of the year there were 3 cases of Ophthalmia Neon- "atorum. There have been several cases of inflamed eyes, a few "days after birth, during the year. Keeping these cases under super- "vision and treatment for a few days, has resulted in every case "clearing up satisfactorily, and I find mothers only too anxious to "follow out my instructions when they realize the serious con- "sequences of neglect."

Oldbury Urban District (Dr. Buttery).

"There were three cases of this disease notified during the year, 2 of "which occurred in the practice of one particular Midwife and, as "she had already had previous cases, an investigation was made "by the County Medical Officer and the Chairman of the Midwives "Act Committee and the Midwife was reported to the Central Mid- "wives Board. The result of their deliberation is not known. I am "pleased, however, to be able to state that all the children recovered "from the disease without ill effects."

The County Health Missioner states in her Annual Report that she paid "121 visits to these and the sight of all the children was saved."

Redditch Urban District (Dr. Stevenson).

Dr. Stevenson reports 3 cases, and the Health Missioner (Mrs. Bedford-Carpenter) says in her Annual Report:—

"There were three cases in newly-born infants during the year. Each "child recovered."

Bromsgrove Rural District (Dr. Coaker).

"One case notified but the prompt treatment afforded, obviated any of the "too common bad results."

Halesowen Rural District (Dr. Brett Young).

"One case was reported at Halesowen in May and taken for treatment "to a Birmingham Hospital."

Kidderminster Rural District (Dr. B. Addenbrooke).

"One case only was notified, which occurred at Cookley."

Pershore Rural District (County Medical Officer).

"One case occurred at a cottage situated in a very inaccessible place. "A nurse from the City and County Nursing Association visited the "child twice a day at considerable labour to herself, and ultimately the "infant died of another disease.

"The Rural Council paid for this attendance, and passed a Vote of "thanks to the Nurse for the trouble she had taken."

Shipston-on-Stour Rural District (Dr. Findlay).

"One case of this disease was notified at Shipston. The case was a "comparatively mild one and was successfully attended to without "aid from the Council. . . The Council have given the per-"mission on a case being notified, to engage a nurse or to take "such steps as may be necessary to try to prevent loss of sight."

Upton-on-Severn Rural District (Dr. Cowley).

"There was one case reported."

As you are aware, "Ophthalmia Neonatorum" in newly-born infants generally arises from purulent discharges from the mother getting into the baby's eyes at birth, and accounts for about one-tenth of all cases of blindness and for at least one-third of the blindness in inmates of British Blind Schools. The scheme adopted by the 22 of the 28 Sanitary Authorities in the County was to authorize their respective Medical Officers of Health to supply trained nurses (when they deemed it necessary to do so) to dress the baby's eyes (of course under medical advice) once or twice daily: as it is known that effective nursing if begun sufficiently early, most frequently prevents blindness.

The "extracts" from the Annual Reports which I have just given show the good results which were obtained last year.

Dr. Buttery (Oldbury) mentions that a Midwife in his district was reported to the Central Midwives' Board by the County Midwives' Act Committee, and that when he wrote his report, the decision of the Board was not known.

The Chairman of that Committee (Dr. Dixey) and I attended the Board meeting when the evidence for and against the Midwife was considered: and the outcome was, that the name of the negligent Midwife was struck off the roll.

Diarrhœa and Enteritis.

Table X. shows the numbers of Deaths and Death-rates (per 1,000 of population) from Diarrhœa and Enteritis in the County Districts, Administrative County and England and Wales, during 1904-13.

TABLE X.

Districts.	1913	1912	1911 *	1910	1909	1908	1907	1906	1905	1904
Urban (12) - - - -	146	47	205	41	45	80	58	137	86	128
Rural (16) - - - -	38	28	78	22	16	40	22	80	30	49
Administrative County (28) -	184	75	283	63	61	120	80	217	116	177
County death-rate per 1,000 of population - - -	0·6	0·25	0·98	0·14	0·14	0·28	0·19	0·5	0·30	0·46
England and Wales Death-rate per 1,000 of population -	0·56		1·06	0·29	0·28	0·50	0·29	0·87	0·59	0·86

* Enteritis added by order of Local Government Board.

This shows that the deaths from "Diarrhœa and Enteritis" were more numerous last year than in 1912, 1910, 1909, 1908, 1907, 1905, or 1904, but not nearly so numerous as in the hot dry year 1911.

It must not, however, be forgotten that Enteritis was first included in this classification, in 1911.

The 1913 County Death-rate was higher than in either of the last 10 years except 1911, and is slightly above the corresponding rate of England and Wales. Table II. shows the districts in which deaths occurred: 146 of the 184 deaths occurred in the Urban Districts, populous localities being more prone to fatal Diarrhœa in infants than country places; 32 deaths took place in Kidderminster Borough, 20 in Lye and Wollescote, and 69 in Oldbury.

The greatest Diarrhœa mortality last year in the Rural Districts, was in Halesowen Rural District, where 12 deaths were registered: but it is well-known the greater part of this district is urban in character.

Kidderminster Borough.

Dr. H. Moore makes no comment upon the 32 deaths from

"Diarrhœa and Enteritis": but the Health Missioner (Nurse Dickinson) says in her Annual Report:

"During the hot weeks of August and September there was an epidemic "of Diarrhœa and 17 deaths occurred; 14 of these were babies "fed on the bottle, 9 mothers had work in addition to their house- "wifely duties. This disease might be helped a good deal if there "was a proper supply of sterilised milk in sealed bottles for the use "of babies; the milk carried round in cans and taken into poorly "ventilated houses, will not keep sweet 12 hours. I had hoped to start "a 'School for Mothers' during the last winter months, but I was "unable to do so. It would be a great help, and I hope it will be "commenced next winter."

Lye and Wollescote Urban District (Dr. Darby).

"We had a heavy death-rate from Diarrhœa and Enteritis during the "Autumn, and this increased not only the general, but also the "Infantile death-rate. . . I made very careful enquiries as to "the cases of diarrhœa, in most cases making personal visits to "the homes, to find if there might be any common cause for the out- "break of this disease which must have been more extensive than was "apparent, judging from the number of actual deaths. I made a "record of each case under special headings as follows:—Age, Food, "Rooms, Family, Flies, Ashpit, Privy or w.c., and General Sanitation.

'In looking through my notes the following points are of interest:— "Thirteen deaths occurred from September 1st to November 3rd, "that is, in a little over two months. All but one were during "September and October. The outbreak was quite sudden.

"Six cases were fed upon the breast or breast and bottle. Some had "nothing but the breast all along, or had the breast only until they "became ill.

"In one or two cases older children in the house had had Diarrhœa prior "to the baby being ill.

"At least eight houses were said to be infested by flies.

"The most common defect from the point of sanitation was the privy "midden. Many babies never had any fresh cow's milk, the breast "or breast plus condensed milk being given in some cases; so that "the milk supply was not at fault.

"It is noteworthy that houses having privy middens were badly infested "by flies.

"I think that if any knowledge can be gleaned from the time and "trouble I took to find out the cause and remedy for this fatal "disease, it is that there is some connection between the open ashpit "or privy midden and Diarrhœa.

"I would strongly urge upon you gentlemen, to proceed as speedily as "possible with the conversion of the remaining privy middens into "w.c's., and to encourage the use of Sanitary Bins instead of ashpits, "A great number of ashbins are coming into use I am aware, but "since every summer tells its tale of Infants' deaths, the sooner the "refuse heaps are done away with, and the quick removal of house- "hold refuse which takes place by the use of ashbins, the better.

"Special hand-bills were issued, as you instructed, setting forth some of "the causes of Diarrhœa, and exhorting the public to personal and "household cleanliness."

Oldbury Urban District (Dr. Buttery).

"The diarrhœal deaths were 69" and were "one of two principal

"causes of the rather unfavourable Death-rate (15·9). . . . There "were 44 deaths amongst infants under 1 year due to Diarrhœa com- "pared with 15 in 1912. . . Handbills were distributed over the "whole district giving instructions how to treat (the disease). . . . "The Lady Health Missioner constantly visited the houses wherever it "was known that (it) existed, giving advice and assistance wherever "required."

The Health Missioner (Miss Woodfield) says :—

"The proximity of ashpits, refuse, and sometimes privies, &c., favours "the breeding of flies, carriers and disseminators of disease, particu- "larly Infantile Diarrhœa."

Redditch Urban District (Dr. Stevenson).

"The summer was very dry but somewhat cold, and epidemic Diarrhœa "cases were very few."

Reference to the County Health Missioners' work in Redditch in connection with Infantile Mortality, which is so closely associated with fatal Diarrhœa, will be found in a subsequent paragraph "Infantile Mortality."

Stourbridge Urban District (Dr. W. Freer).

"Six deaths were recorded from Diarrhœa and Enteritis. . . . Un- "doubtedly climatic conditions were against the occurrence of "Diarrhœa in epidemic form; but at the same time I do believe that "parents are becoming more particular so far as regards cleanliness of "their homes and surroundings, and are adopting more healthy "methods of rearing their young infants, and it is in this direction "that the work of the Health Missioner lies."

Halesowen Rural District (Dr. Brett Young).

"12 deaths were registered from these diseases. . . . 10 of the deaths "were under 1 year and the remainder between 1 and 2 years."

It will thus be seen that the Medical Officers, when reporting upon the local incidence of Diarrhœa, emphasize the importance of cleanliness in its widest sense, and especially with regard to food. The advisability of abolishing privy middens in order to remove breeding places for flies is put in a foremost place.

In July, 1914, the Local Government Board issued a Memorandum on the "Precautions to be taken by Sanitary "Authorities in the Summer Months, with special reference to the "Prevention of Epidemic Diarrhœa." No doubt every Medical Officer of Health received a copy of this important circular.

The Board emphasise the value of systematic visitation of the homes of infants, and say, in view of the importance of the first visit being made soon after the birth of a child, it is important that the Notification of Births Act 1907 should be adopted.

As I have previously said, this Act was adopted by the County Council four years ago, but I regret that your Health Missioner Staff is so small that the parents of all infants who require advice, cannot be visited.

The Board in their Circular lay stress on methods of storing milk and other food in the dwelling, of properly cleansing and scalding milk vessels, and covering the milk vessels with a square of butter-muslin weighted at the corners with shot or sand. Sanitation of closets, yards, and streets is advocated. When urging Authorities to do their utmost to prevent flies, as they act as carriers of disease, they say

> "the exact share borne by flies in conveying the infection of epidemic "Diarrhœa cannot yet be stated. . . . But for practical purposes "the number of flies in the summer months may be regarded in "towns as a valuable index, under present conditions, of the possi- "bilities of contamination of food by pathogenic microbes or by de- "composing organic matter, especially in districts in which privies "and pail closets persist, and in which accumulation of house refuse "or stable refuse is permitted."

The Board mention that an efficacious method of destroying flies in houses is the "use of saucers containing a solution of "formalin (one teaspoonful to the half pint of water or milk and "water) and a little sugar: a small piece of bread being placed in "the saucer as a place for flies to alight on, and drink. In living- "rooms these saucers ought to be left out over night, all other "vessels containing fluid being removed or covered."

If you refer to my "Digest" for 1908 (pps. 53 to 56) you will see that I then fully dealt with the subject of flies.

Infantile Mortality.

Table XI. and Diagram No. 3 compare the rate of Infantile Mortality in the Urban and Rural Districts collectively, and the Administrative County, with those of England and Wales for the years 1904-1913 inclusive.

TABLE XI.

Districts.	Deaths of children under 1 year per 1,000 registered Births.									
	1913	1912	1911	1910	1909	1908	1907	1906	1905	1904
Urban (12) - - -	113	98	132	97	106	88	120	123	111	133
Rural (16) - - -	75	77	95	78	96	123	89	104	100	116
Administrative County (28)	97	89	116	89	102	99	106	115	106	125
England and Wales - -	109	95	130	106	109	121	118	133	128	146

Table XII. shows the causes of death and the ages of the children in the County who died before they attained one year of age.

TABLE XII.

CAUSE OF DEATH.		Under 1 Week.	1–2 Weeks.	2–3 Weeks.	3–4 Weeks.	Total under 1 Month.	1–3 Months.	3–6 Months.	6–9 Months.	9–12 Months.	Total Deaths under One Year.
All Causes	Certified	159	36	22	23	240	103	132	82	76	633
	Uncertified	6	-	-	-	6	-	-	2	1	9
Small-pox		-	-		-	-	-	-	-	-	-
Chicken-pox		-	-	-	-	-	-	-	-	-	-
Measles		-	-	-	-	-	-	3	8	14	25
Scarlet Fever		-	-		-	-	-	-	-	-	-
Whooping Cough		-	-		-	-	3	5	3	-	11
Diphtheria and Croup		-	-	-	-	-	-	-	-	-	-
Erysipelas		-	-		-	-	-	-	-	-	-
Tuberculous Meningitis		-	-	-	-	-	-	3	2	1	6
Abdominal Tuberculosis		-	-	-	-	-	1	2	2	-	5
Other Tuberculous Diseases		-	-	-	-	-	1	2	2	2	7
Meningitis (*not Tuberculous*)		-	-	-	-	-	-	4	3	1	8
Convulsions		4	2	1	2	9	8	8	9	2	36
Laryngitis		-	-	-	-		-	-	1	1	2
Bronchitis		-	1	2	1	4	12	14	11	13	54
Pneumonia (all forms)		-		1	1	2	11	13	11	13	50
Diarrhœa		-	-	-	3	3	15	22	10	11	61
Enteritis		-	-	2	-	2	9	22	12	5	50
Gastritis		-	-	1	-	1	4	6	1	.	12
Syphilis		-	-	-	-	-	2	2	1	-	5
Rickets		-	-	-	-	-	-	-	1	-	1
Suffocation, overlying		1	-	1	1	3	-	1	-	-	4
Injury at Birth		5	-	-	1	6	-	-	-	-	6
Atelectasis		4	1	-	-	5	-	-	-	-	5
Congenital Malformations		6	9	-	1	16	3	2	-	-	21
Premature Birth		98	6	7	7	118	5	2	-	-	125
Atrophy, Debility and Marasmus		38	13	7	4	62	23	12	4	4	105
Other Causes		9	4	-	2	15	6	9	3	10	43
		165	36	22	23	246	103	132	84	77	642

The Infantile Mortalities for 1913 of England and Wales, the Administrative County and the Urban Districts collectively, rose slightly last year: but that of the Rural Districts collectively was slightly lower, and the County rate is below that of England and Wales. If you will refer to Table XII. you will see that the various diseases which caused this mortality, and that the excess in 1913, was due to Diarrhœa and Enteritis, as there were 111 deaths last year from these diseases as compared with 46 in 1912. Further-

more, there were 25 deaths from Measles among Infants in 1913 and only 2 in 1912.

The local incidence of "Diarrhœa and Enteritis" and its causes have previously been discussed, and it has been explained that Rural Districts are not so prone to these diseases as populous places are.

The Infantile Mortality rates for 1913 in the undermentioned County Districts were higher than that of the County rate, viz. :—

Droitwich Borough - - -	104
Kidderminster Borough - - -	121
Lye and Wollescote Urban - -	133
Oldbury Urban - - - -	154
Feckenham Rural - - -	125
Halesowen Rural - - -	116

As I mentioned last year, it used to be considered that the Infantile Mortality rate of a "healthy district" ought not to exceed 100, and the rate for the County is below that figure.

Droitwich Borough (Dr. P. A. Roden).

"There were 9 cases of death during the first year of life, which gives a "rate of 104 for every 1,000 births. Of these 7 died either of Prema- "ture Birth or Congenital Debility. Of the remaining 2 one died of "Abdominal Tuberculosis, and one of Meningitis which was not "Tubercular.

"The Infant Death-rate shows great fluctuation during the past 10 years, "varying from 163 in 1907 to 35 in 1908. These great variations have "mostly been due to the occurrence of Epidemic Diseases, such as "Measles and Whooping Cough among the infants, but this year the "principal cause of death appears to have been a weakness from "birth."

Kidderminster Borough.

The Health Missioner, Nurse E. A. Dickinson, says :—

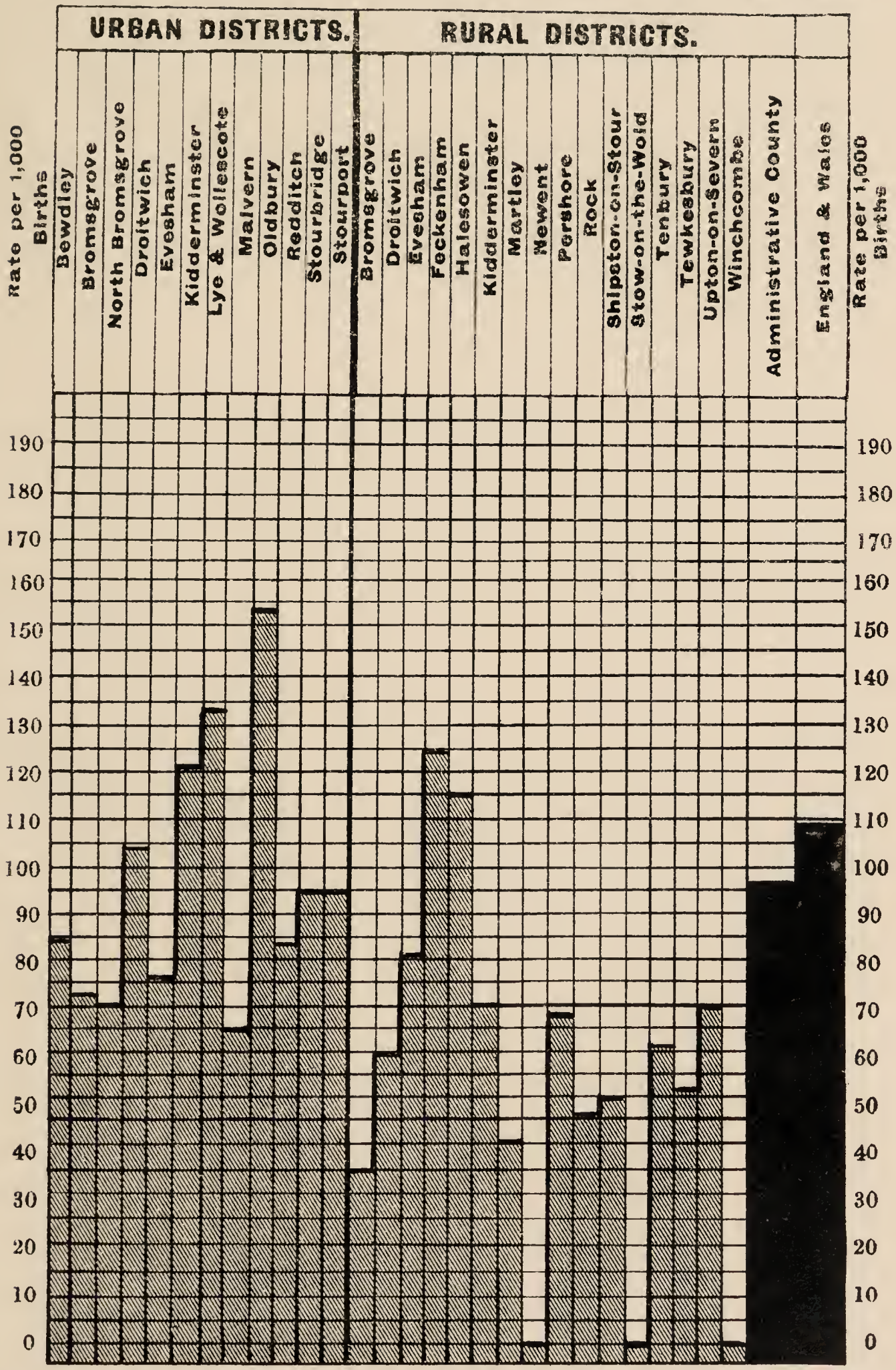
"During the hot weeks of August and September, there was an epidemic "of Diarrhœa, and 17 deaths occurred, 14 of these babies were fed "on the bottle, 9 mothers had worked in addition to their housewifely "duties ; this disease might be helped a good deal if there was a "proper supply of sterilized milk in sealed bottles, for the use of "babies, the milk carried round in cans and taken into poorly venti- "lated houses, will not keep sweet 12 hours."

Lye and Wollescote Urban (Dr. H. C. Darby).

"We had a heavy Death-rate from Diarrhœa and Enteritis during the "autumn, and this increased, not only the General, but also the "Infantile Death-rate."

1913.

INFANT MORTALITY RATE PER 1000 BIRTHS.



Oldbury Urban District (Dr. G. B. Buttery).

"*Infantile Mortality.*—The nett deaths of infants under one year were 160, "giving an Infantile Mortality of 154 per 1,000 births, compared with "135 deaths and an Infantile Mortality of 128 in the previous year "(1912). This increase is more than accounted for by two diseases "mentioned above, namely, Measles and Diarrhœa. There were 14 "deaths from Measles amongst children under one year, as against "1 in the previous year. There were 44 deaths amongst infants under "one year due to Diarrhœa, compared with 15 in 1912, or a nett "increase from these two causes of 32 deaths. There were 34 illegiti- "mate children born, with 23 deaths; this is a very high mortality "amongst these unfortunate children, and is greatly to be deplored. "The Lady Health Missioner has done her best to prevent this state "of things by visiting and giving the best possible advice, but without "much good being attained up to the present. There has been 1 death "amongst infants under one year due to being overlain; there was "also 1 case of a newly-born child being found in a field suffocated, "the Coroner's jury returning a verdict of wilful murder against some "person unknown; but up to the present the guilty party has not been "discovered. There were 9 deaths due to convulsions, 21 deaths were "caused by respiratory affections, being 8 less from these causes than "in the previous year. There was 1 death from Whooping Cough, or "7 less than in 1912. There were 15 deaths due to premature birth, "against 21 from this cause in the previous year. From the above "facts it will be seen that there was a general decrease in infantile "deaths from general causes, the outstanding reason for the increase "in Infantile Mortality over the previous year were the two men- "tioned before, viz., Measles and Diarrhœa. Every effort was made "to mitigate this mortality—handbills were distributed over the whole "district giving instructions how to treat these diseases; disinfectants "were supplied free to the cases by the Sanitary Department; the "Lady Health Missioner constantly visited the houses wherever it was "known that these diseases existed, giving advice and assistance when- "ever required."

Redditch Urban District (Dr. J. Stevenson).

"We get some consolation from the fact that if our Birth-rate is getting "lower our rate of mortality amongst babies under one year of age "has also very markedly decreased. Twenty-seven babies died during "the year, which, considering the number of births (322), gives us a "rate of 83 per 1,000 children born—the 'Infant Mortality figure.' "For the past six years we have averaged a figure of 84, only half of "what it was in the ten years previous to that. For this happy result "we are undoubtedly indebted to a very large extent to the work of "the Health Missioner, appointed by the county to work in the town."

Feckenham Rural District (County Medical Officer).

The eleven deaths which caused the exceptionally high rate in the Feckenham District were due to the following diseases :—

Measles - - - - -	1
Convulsions - - - -	2
Bronchitis - - - - -	1
Pneumonia - - - -	1
Diarrhœa - - - - -	1
Premature Births - - - -	2
Atrophy, Debility and Marasmus -	3

Halesowen Rural District (Dr. Brett Young).

The main causes of deaths were Measles 5, Bronchitis and Pneumonia 13, Diarrhœa and Enteritis 10, Premature Births 25, Atrophy, Debility and Marasmus 16.

The Health Visitor had under observation 826 infants during the year.

Health Missioners.

The following are Summaries of the 5 Health Missioners' Annual Reports for 1913 :—

"Lye and Wollescote Urban District.

" (Mrs. A. H. Lucas).

" Three hundred and twenty-three Notifications of Birth were received as " compared with 306 in 1912 ; 5 of the former, and 6 of the latter were " illegitimate.

" 275 Infants were breast fed.
" 28 ,, ,, artificially fed.
" 8 ,, ,, not fed, as they only lived a few minutes.

" A very small percentage are artificially fed, though many mothers will " suckle their infants longer than they ought to do.

" There were 46 deaths of infants under 1 year during 1913 in Lye and " Wollescote from the undermentioned causes :—

" 13 Zymotic Disease.
" 11 Respiratory ,,
" 3 Developmental Disease.
" 8 Convulsive ,,
" 1 Tubercular ,,
" 6 Premature Birth.
" 4 Other Causes.

" 46

" *Visits paid.*

" One thousand two hundred and eighty-five visits and re-visits were paid, " not counting special ones to babies in the 'Mothers' Class' who re- " quired particular attention. Twelve newly-born children were not " visited, as they lived in good-class houses.

" The results of these visits were that—
" 264 houses were cleansed.
" 47 ,, ,, unsatisfactory in other respects.
" 12 ,, ,, not visited, being good houses, shops, &c.

323

" *Tube Bottles.*

" Tube bottles are not nearly as much used as they were at one time, as " every opportunity is taken to denounce them. Usually the mothers " promptly get the boat-shaped bottles, when the danger of those with " tubes is explained.

" Of 13 deaths from Zymotic diseases 9 were clearly traced to the use of " dirty tube bottles. Four of these 9 infants were not born in Lye, " and only resided there a very short time.

" Two of the fatal Zymotic cases were babies who were brought home

"from the 'hop district,' and died the same day. These had been "breast fed previously.

"Lectures.

"Ten Lectures were given during the year, and were much appreciated.

"The 'Mothers' Class."

"The attendances at the 'Mothers' Class' steadily increase. Many "mothers never fail to attend.

"All take keen interest in the weighing of their babies, and none object "to it, as they formerly used to do. When babies are below normal "weight, they are frequently visited.

"The Creche.

"The number of attendances at the Creche was 1,736; and there has been "no sickness among the babies. This shows what great care the "Matron took. Although there were several epidemics of Measles, "Whooping Cough, Chickenpox and chest complaints, not one of the "babies brought to the Creche died.

"Oldbury Urban District.

"(Miss L. Woodfield).

"Sixteen lectures were given and 3,001 visits were paid during 1913.

"Infant Work.

"Nine hundred and six infants were visited during the year, and owing "to the early notification of Births most of them were seen within a "fortnight of birth.

"Practical and timely instruction has unquestionably prevented much "suffering and even loss of life. The advice given has been well re- "ceived, and in some cases, sought after.

"Many mothers have been persuaded to promptly obtain medical advice "when their infants were ill, which has prevented indiscriminate dosing "of the child, with old-fashioned concoctions, which kindly and mis- "guided neighbours recommended.

"Feeding.

"It is pleasing to record great improvement in the feeding of the infants "visited. Of the 906 babies visited, 769 were breast-fed, 75 had both "breast and bottle feeding, and 49 only were nourished entirely on "artificial food; 13 did not live long enough to take any food.

"This improvement is attributable largely to early Notification of Births, "and to a feeling of friendship and unreserve among the mothers. In "a few instances, such things as bread, biscuits, water-gruel, rusks, "and in one case chipped potatoes, were given. The majority of "mothers are now willing to perform the important duty of suckling "their infants; and it is only when this is found to be impossible, that "artificial feeding is resorted to. But a great many mothers still "make the mistake of suckling their children too long, under the "erroneous impression that suckling prevents pregnancy.

"As regards illegitimate children, breast feeding is seldom carried on for "longer than a few weeks, as the mothers are obliged to go to work "as soon as possible. But I find that illegitimate children when put "out to nurse, as a rule, are well looked after, and fairly well "nourished.

"Tube Bottles.

"A few tube bottles are still in use; but every effort is made to discourage "them. It would be an undoubted boon, if their sale was illegal.

" Mothers' Work.

" The 118 mothers given in Table 1 as ' working ' are those who worked
" during pregnancy. Most of them go to work as quickly as possible
" after the birth of their children.

" The Home.

" The environment of the poor necessarily exercise considerable influence
" upon the health of the infant. The condition of some of the homes
" is most unsatisfactory. Poverty is nearly always pleaded as an ex-
" cuse, but often the real cause is bad management, and lack of
" method.

" The proximity of ashpits, refuse, and sometimes privies &c., favours the
" breeding of flies, which are well-known to be carriers and dissemina-
" tors of disease, particularly Infantile Diarrhœa.

" Housing conditions greatly affect chest diseases in infants. Where there
" is no through ventilation, or where overcrowding exists, Bronchitis
" and Pneumonia are most frequent.

" Even when properly housed, people brought up among bad surroundings
" often crowd into one room with shut windows, leaving the rest of
" the house unused.

" Furthermore, there is great difficulty in keeping milk in small houses,
" the proper accommodation for good storage being poor and often
" entirely lacking.

" Ophthalmia Neonatorum.

" Two cases of Ophthalmia Neonatorum occurred during the year, both
" being in the practice of one Midwife, who was subsequently ' struck
" ' off the roll.' A large number of visits were paid to these Infants
" and eventually the sight in both cases was saved.

" Redditch Urban District.

" (Mrs. Bedford Carpenter).

" Three hundred and sixty-seven notifications of births were received, 14
" of which were still-births. One thousand seven hundred and forty
" re-visits to homes were paid. The rate of Infantile Mortality is again
" very low, being about 80 per 1,000 births. For a factory town,
" where there is so much female labour, this is quite a phenomenal
" figure. The strikingly high record of past years for ' Premature
" ' Birth ' is also low, the number of deaths being 6, in comparison
" with 17 and 20 in previous years. There are still many weaklings
" among Redditch infants. These too often cannot be breast fed,
" hence they give much trouble to rear. No doubt the rush and hurry
" of factory life, the inevitable long distances which many workers
" have to walk before they reach their work, the confinement during
" factory hours, and the small margin of time left to prepare proper
" food, all tend to weaken the constitution of the female worker.
" These conditions end in weakly offsprings, and will be bound to
" recur, year after year, while women continue to work in the above
" mentioned manner.

" Breast Feeding.

" Two hundred and forty-four children were found to be breast-fed from
" birth, but as 121 women worked in factories, half this number were
" wholly, or partially weaned before six weeks of age. When the
" mother works from home, it is the exception to find the child fed
" upon the breast, even partially, after the third month.

" Artificial Feeding.

" Twenty-five children were fed artificially from birth, and 22 had both " bottle and breast. During the hot summer months, the Health Mis- " sioner recommended all food stuffs to be kept closely covered in a " cool place, and the vessels containing same placed in cold water.

" Ophthalmia Neonatorum.

" There were three cases in newly-born infants during the year. Each " child recovered.

" Infants' Beds.

" Mothers have constantly been reminded that it is healthier for children " to sleep alone and not with the parents.

" Tube Bottles and Dummy Teats.

" The tube bottle is rapidly losing its popularity, but the ' dummy teat ' in " spite of so much condemnation seems almost indispensable.

" Lectures.

" Five practical demonstrations were given to the elder scholars at St. " Stephen's Day School, and four ordinary addresses were given to " adults, one being illustrated by lantern slide.

" Stourbridge Urban District.

" (Miss C. Blackwell).

" Of the infants visited during 1913, 114 were breast-fed, 12 artificially, " and 24 had both breast and other foods.

" This year, only 7 nursing mothers worked away from home, so that " many of the infants were better managed and received regular breast " feeding. The ' dummy-teat ' was less in evidence and in some cases " was burnt.

" There appears to be less penny a week insurance, the mothers realising " that other clubs are a better investment.

" Ten mothers brought their infants to the Dispensary to be weighed each " month ; their weight was well maintained, and in the case of three " very puny infants a marked improvement showed itself in a very " short time.

" Halesowen Rural District.

" (Miss G. Simons).

" Eight hundred and twenty-six infants under one year old were visited " and re-visited frequently. As there has been much illness amongst " children, many homes were visited with the object of giving advice " or instruction as the case might require.

" There were 84 deaths of infants under 12 months old during the year, " and 29 still-born children (16 males and 13 females). Two of these " were illegitimate. Altogether there were 19 illegitimate children born " (10 males and 9 females). The greater number of the mothers being " factory hands, others being domestic servants, and one or two living " at home.

" The feeding of infants among the working class mothers still improves, " the artificially fed children belonging to those of the better class " people.

" Less dummy teats are being used than formerly.

" Eight addresses were given at Women's Meetings, at Cakemore, Crad- " ley, Hawne and Hasbury."

Kidderminster Borough (Dr. H. Moore).

"During the year (the Corporation made an arrangement) with the Kidder-
"minster Nursing Institution, to supply a Nurse as a Health Visitor.
"This arrangement is working very well."

The Medical Officer includes in his Annual Report that of the Health Missioner (Nurse E. A. Dickenson): but as I have already given several extracts from it, I do not think further allusion to it is necessary. I should, however, add that it is evident that Nurse Dickenson is doing excellent work, and it is well-known to you the County Health Missioners, who have been working in their respective districts for many years, are also doing excellent work, which has had marked influence for good in many ways.

Since the "Digest" was placed in the printers' hands, the Local Government Board have issued a most important circular upon "Maternity and Child Welfare," and the Board of Education a "Memorandum in regard to the Regulations for Payment "of Grants to Schools for Mothers."

The Local Government Board say "the work of home "visitation is one to which the Board attach very great import-"ance, and in promoting schemes . . . the first step should "be the appointment of an adequate staff of Health Visitors." They add "the Grant now presented by Parliament will be appro-"priated in aid of the expenditure of the half-year ended "30 September 1914, and applications for grants should be "accompanied by an account of the work undertaken by the "Authority and by a detailed statement of the expenditure "incurred."

As the Local Government Board and the Board of Education have now decided to give pecuniary assistance in connection with "Child Welfare" and "Schools for Mothers," I trust you may be able very shortly to increase your staff of Health Visitors, in order that they may cover, not parts of the County—as at present—but the whole of it.

Tuberculosis.

Table XIII. and Diagram No. 4 show the average County Death-rates due to Pulmonary Tuberculosis during the years 1904-1913.

TABLE XIII.

Districts.	Average for years 1904 to 1913.	Rate per 1,000 of Population.									
		1913.	1912.	1911	1910.	1909.	1908	1907.	1906.	1905.	1904.
Urban.											
ley Borough -	1·0	0·7	1·0	0·7	0·7	1·3	0·3	1·7	1·7	1·3	0·6
sgrove - -	0·66	0·2	0·9	0·7	1·03	1·03	0·9	1·1	0 5	0·2	0·7
sgrove North -	0·60	0·6	0·8	0·5	0·8	0·83	1·0	0·6	0·5	0·1	0·5
wich Borough -	0·72	0·5	0·2	0·9	0·7	0·71	0·2	1·6	1·1	0·9	0·4
am Borough -	0·98	0·8	1·3	0·8	0·7	0·7	0·8	1·6	1·4	0·8	0 9
erminster Borough	0·82	0·9	0·5	0·9	1·09	1·1	0·7	0·8	0·7	0·8	0·7
nd Wollescote -	0·68	0·6	0·6	1·2	0·6	0·6	0·5	0·6	0·5	0 9	0·7
ern - - -	0·58	0·8	0·5	0·9	0·6	0·5	0·3	0·5	0·5	0·4	0·8
ury - -	0·69	0·4	0·9	0·7	1·08	0·7	0·7	0·8	0·5	0·6	0 6
itch - -	0 74	0·7	0 8	0·9	0·9	0·5	1·1	0 6	0·6	0·7	0·6
bridge - -	0 96	0 8	0·7	0·9	1 01	1·1	1·1	1 2	0·7	1·0	1·07
port - -	0 90	0·4	0·6	1·1	0·9	0·9	1·1	1·1	0·9	0·9	1·1
ban death rate -	0·75	0·70	0 75	0·8	0·8	0 76	0 73	0·78	0·78	0·71	0·70
Rural.											
sgrove - -	0·96	0·6	0·6	1 1	0·8	0·9	1·4	1·2	1·2	0·8	1·0
wich - -	0·74	0·5	0·8	0 7	0·6	0·4	1·2	0·3	1·0	0·9	1·0
ham - -	0·65	0·5	0·3	0·4	0·6	0 6	0·8	0·5	1·9	0·7	0·2
enham - -	1·10	0·9	1·2	1·1	0·9	1·4	1·4	0.7	0·7	0·9	1·8
sowen - -	0 62	0·4	0·6	0·7	0·8	0·8	0·6	0.4	0·7	0·9	0.3
erminster - -	0·66	0·6	0·8	0·6	0·5	0·6	0.6	0·4	0·7	1·0	0·8
ley - - -	0·66	0·6	0·9	0·5	0·8	0·7	0·4	0·8	0 7	0·5	0·7
ent (part) -	0·45	0·8	0 8	1·5	-	0·0	0·7	0·0	0.7	0·0	0·0
more - - -	1·04	0·5	1·0	0·7	0·4	1·5	1·3	1·0	1·0	1·7	1·3
- - -	0·52	0·9	0·0	0·9	0·4	0·4	0·4	0·4	0·0	0·9	0.9
ston-on-Stour -	0·68	1·0	0·4	0·8	0·4	0·4	0·6	1·1	0·6	0·2	1·3
-on-the-Wold (part) -	0·34	0·0	0·0	-	-	0·0	0 0	0 0	0·0	3·4	0·0
bury - - -	0·56	0·4	0·4	0·8	1·05	0·8	0 4	1·0	0·4	0·2	0·2
esbury (part) -	0·88	0·4	0·0	2·1	-	0 8	0·0	2 6	0·8	0·4	1·74
n-on-Severn -	0·71	0·8	0·5	0·4	0·9	0 6	1·1	0·9	0·5	0·8	0·6
hcombe (part) -	0·00	0·0	0·0	-	-	0·0	0·0	0·0	0·0	0 0	0·0
ral death rate -	0·74	0·63	0·70	0·74	0·6	0·8	0·9	0·78	0·7	0·9	0·75
unty death rate -	0·75	0 66	0·73	0·80	0 7	0·79	0·81	0·78	0·78	0·8	0·77

This shows that the County Pulmonary Tuberculosis Death-rate is stationary; reference to this was made in my last "Digest." The average rates for 1913 in Bewdley Borough (1·0), Evesham Borough (0·98), Stourbridge (0·96) and Stourport (0·90) Urban, and Bromsgrove (0·96), Feckenham (1·10) and Pershore (1·04) Rural, Districts are higher than that of the County (0·75).

Bewdley Borough (Dr. U. W. N. Miles).

"The patient for whom the Council provided the shelter last year is "much improved in health, and has been in regular work for several "months."

Kidderminster Borough (Dr. W. H. Moore).

"This Isolation Hospital is a good building standing high up, in my "opinion it would make an excellent Sanatorium for Tubercular "patients. I should like to call the attention of the County Council "and the National Insurance Committee to this fact."

Stourport Urban District (Dr. E. S. Robinson).

"I am thankful to say that the County Assistant Tuberculosis Officers "are being appointed Assistant Medical Officers of Health—without "salary from the districts—so that they may be able to undertake the "duties hitherto devolving on the Medical Officer of Health with "regard to Tuberculosis patients. But the Medical Officer of Health "will still continue to deal with the house where the patient lives "and its surroundings."

Shipston-on-Stour Rural (Dr. G. Findlay).

"The Council have had built a portable shelter, and it is now in use at "Alderminster, the patient having had previous sanatorium experi-"ence."

I referred last year to the memorandum I prepared in December 1911, giving the outlines of the County Scheme for the general treatment of Tuberculosis. The suggestions I made, formed the basis of the scheme subsequently adopted by the County Council, and approved by the Local Government Board.

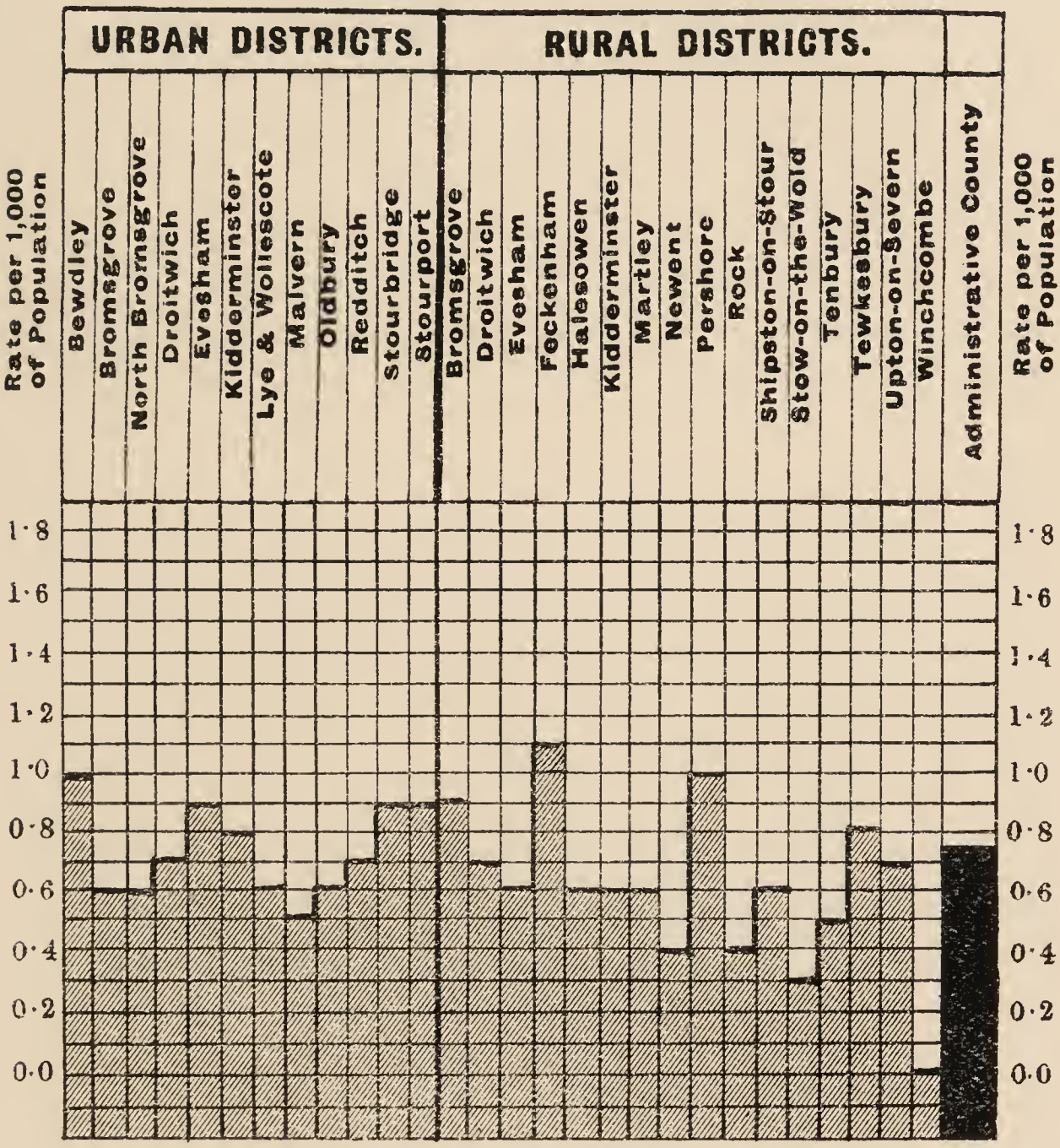
I now propose to deal with the work carried out in the County in connection with Tuberculosis under the following headings :—

Appointment of Special Committee.
Notification.
Medical Officers.
Nurses.
Sanatoria.
Dispensaries.
Domiciliary Treatment.
Non-pulmonary Cases.
Dental Treatment.
Open-air Shelters.
Food Allowances.
Results of Treatment.
Generally.

Appointment of Special Committee.

The County Council appointed a Special Committee to carry

AVERAGE PHTHISIS DEATH RATES FOR 1904-1913, INCLUSIVE.



out the Scheme of Treatment adopted by the County Council, and approved by the Local Government Board.

This Committee was given full Executive powers as to spending of money, making contracts and other matters.

Notification.

I have previously mentioned ("Notification," p. 9) that Medical Practitioners are now required to notify to District Medical Officers of Health, cases of Tuberculosis, whether Pulmonary or Non-Pulmonary. The same Regulations require Medical Officers to send me weekly returns of these Notifications, and consequently I now receive information of all notified cases of Tuberculosis in the County.

The following Table is a summary of Notifications for the 11 months ended December 31, 1913.

This shows that during 11 months of the year 1913, 620 cases of Pulmonary and 151 cases of Non-Pulmonary Tuberculosis were notified.

It will be seen on reference to Table V. that after the Medical Officers had had an opportunity of checking and correcting their figures, 693 cases of Pulmonary and 196 cases of Non-Pulmonary (i.e., a total number of 889 cases of Tuberculosis) were reported.

In my Special Report on Tuberculosis, dated December 1911, I estimated that 850 cases would be reported. It thus appears that this estimate was not very wide of the mark.

Between January 1st and June 30th 1914, 309 cases of Pulmonary, and 66 cases of Non-Pulmonary Tuberculosis were reported.

I know, however, that these do not accurately represent the number of cases which occurred, as several were first heard of through the death returns I receive from the Sub-District Registrars.

On receipt of the weekly notifications I proceed as follows :—

A letter is sent to the notifying practitioner, asking whether the patient does or does not need treatment under the County Council Scheme? If the reply is in the negative, no further action is taken; but if it be in the affirmative, a form of application is sent to the patient, inviting him to apply for treatment. On receipt of this application, the case is examined by one of the Tuberculosis Officers, who recommends either treatment in a Sanatorium, or at a Dispensary, or if the patient be insured, Domiciliary Treatment. 412 letters have been sent to Medical men, asking if their patients require treatment under the County Scheme, and the following statement gives a summary of their replies, viz. :—

Require treatment under the County Council Scheme	147
Do not require treatment under the County Council Scheme	164
Diagnosis of Tuberculosis disputed	20
Cases dead	34
Cases left the district	17
State that cases are already receiving suitable treatment	30
	412

COUNTY OF WORCESTER.

Age Periods.	Number of Notifications on Form A.													Number of Notifications on Form B.					Number of Notifications on Form C.	
	Primary Notifications.												Total Notifications (i.e., including cases previously notified by other Doctors).	Primary Notifications.				Total Notifications (i.e., including cases previously notified by other Doctors).	Poor Law Institutions.	Sanatoria.
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total.		Under 5	5 to 10	10 to 15	Total.			
Pulmonary, Males	3	5	16	12	24	24	44	33	16	11	3	*195	201	22	47	33	‡104	104	8	58
,, Females	–	4	13	17	30	34	45	30	8	6	1	†193	197	25	60	29	§116	118	4	38
													398					222	12	96
Non-pulmonary, Males ...	7	10	10	13	10	6	10	4	1	–	1	72	72	1	3	4	8	8	2	–
,, Females ...	2	11	11	10	7	8	8	3	3	–	–	63	63	1	5	2	8	8	–	–
													135					16		

*4 ages not given.
†5 ages not given.
‡1 age not given, and in 1 case not stated if Male or Female
§2 ages not given.

In my opinion it is not satisfactory that so many cases were reported by medical men not to require treatment under the County Scheme : consequently I am asking the Tuberculosis Committee to consider what action—if any—is desirable.

Medical Officers.

The County Council have appointed me to (a) act generally as the chief Administrative and Advisory Officer, both to the County Council, its Committees and Sub-Committees, the Insurance Committee, and the District Insurance Committees (b) to be responsible for all matters of, and details relating to administration.

Dr. Gordon Smith has been appointed Chief Tuberculosis Officer, and Drs. Blyth and Keane and the three Assistant School Medical Officers Assistant Tuberculosis Officers.

The Chief Tuberculosis Officer and the Assistant Tuberculosis Officers, other than the School Medical Inspectors, will :—

(a) Attend the Dispensaries at the prescribed times to advise on the treatment to be given in cases of Tuberculosis, and act as Consultants.

(b) When ordered to do so by the Tuberculosis Committee, or the Chief Tuberculosis Officer, they will visit from time to time the various Hospitals and Dispensaries, to which patients may be sent, and report on their condition and management.

(c) Visit any special cases which in the opinion of the Tuberculosis Officer require to be visited, and give the necessary advice as to treatment of such cases.

(d) Report on any matter which in their opinion requires attention, in order to check the spread of, or remove the danger of the increase of Tuberculosis.

(e) Act as Assistant Medical Officers of Health under the Tuberculosis Regulations in each Sanitary District in the County.

(f) Generally to do any work in connection with Tuberculosis which they may be ordered to do by the Tuberculosis Committee.

The School Medical Officers when acting as Assistant Tuberculosis Officers will so act in respect of the children attending Public Elementary Schools, and if required in respect of the Teachers or other persons engaged therein, and will report direct to the County Medical Officer.

Nurses.

On the 26th February 1914 I prepared a Memorandum, showing what nursing facilities existed in the County, and recommended that a Conference should be held of representatives of the Nursing Associations in the County, in order to ascertain whether or not cases of Tuberculosis could be visited by the existing Nurses in the County.

The following "Minute" of the Tuberculosis Committee shows the arrangements which came into force on 1 August 1914:

"(1) That the County Medical Officer be and he is hereby empowered to "secure as required, the services of the Nurses working under the "auspices of the County and City Nursing Association and the non-"affiliated Nursing Associations to visit cases of Tuberculosis in their "respective Nursing Districts at the following fees, viz.:—

"7/6 per annum for each case resident in populous locality.
"10/- ,, ,, ,, ,, country Districts.

"it being understood that 'early' and 'intermediate' cases should be "visited on an average once a month, and 'advanced cases' on an "average once a fortnight.

"(2) To arrange for the Nurses to visit cases not only in their own dis-"tricts but also in those adjacent parishes which the Local Nursing "Associations approve.

"(3) That until further orders, the duties of the Tuberculosis Nurses "shall be:—

"1. To visit, re-visit and advise patients and persons in contact with "them as to requisite 'precautions' and the hygienic manage-"ment of their houses, and to encourage them to carry them "out.

"2. To see that sputum flasks and paper handkerchiefs are used "(subject to the Doctor's advice).

"3. To teach patients how to take temperatures.

"4. To watch 'contacts' (persons closely associated with consump-"tive patients), and if necessary to urge them to consult their "own Doctor or to attend at the Tuberculosis Dispensaries.

"(4) To make arrangements for one of the existing Nurses to attend each "of the Tuberculosis Dispensaries established in the County at a fee "of 2/6 per visit.

"(5) To make special arrangements for the attendance of a Nurse at the "Pershore Dispensary, where at present no District Nurse is available.

"(6) To arrange for the present Health Missioners employed at Lye and "Wollescote, Oldbury and Halesowen, to visit Tuberculosis Cases "when required at a remuneration to be fixed at a later date.

"(7) That the arrangements for the above services be limited in the first "instance to one year."

As the District Nursing Associations do not cover the whole of the County, a "Travelling Nurse" has been appointed to work in the parishes where no local Nurses are established.

Sanatoria.

The County Council have arranged with the Governing Body of the King Edward the Seventh Memorial Sanatorium at Knightwick, to reserve sixty beds in that institution for a period of twenty years, and have contributed £1,100 towards the cost of enlarging these buildings. The Council have also rented the Upton-on-Severn Smallpox Hospital at Welland. This Hospital has accommodation for ten patients.

By agreement with the Stourbridge and Halesowen Hospital Committee, a Pavilion at their Hayley Green Hospital has been temporarily set apart for treatment of "intermediate" and "advanced" cases. This Pavilion has accommodation for 16 patients.

The total number of beds available *at the present time* is as follows :—

At Knightwick	25	Cases.
,, Welland	12	,,
,, Hayley Green	16	,,

As regards the future, the County Council have arranged with the following Hospital Committees to build special Tuberculosis Pavilions, viz. : At Bromsgrove Isolation Hospital (14 beds), at Hayley Green Hospital (14 beds), at Oldbury and Smethwick Hospital (6 beds), at the Tewkesbury Isolation Hospital (1 bed). Possibly a similar pavilion may be built at the Evesham Joint Hospital (5 beds). The beds at these Isolation Hospitals are to be used for the "intermediate" and "advanced" cases, and those at Knightwick for "early" cases.

Ultimately, therefore, the probable number of Sanatorium beds will be as follows :—

At Knightwick	60	Beds.
,, Welland	10	,,
,, Bromsgrove	14	,,
,, Halesowen	14	,,
,, Oldbury	6	,,
,, Evesham	5	,,
,, Tewkesbury	1	,,
	110	

Dispensaries.

The following Dispensaries have been provided, viz. :—

At	Bromsgrove	Disused Technical School.
,,	Droitwich	Mission Room, Friar Street.
,,	Evesham	Cottage Hospital.
,,	Halesowen	14, Laurel Lane, Halesowen.
,,	Kidderminster	19, Lion Street, Kidderminster.
,,	Malvern	Barnard's Green Lodge, Malvern.
,,	Oldbury	Oldbury Catholic Institute, Birmingham Street (3 rooms), Oldbury.
,,	Warley	The School House, Hill Top Road, Warley.
,,	Pershore	Cottage Hospital.
,,	Redditch	Smallwood Hospital.
,,	Stourbridge	Stourbridge Dispensary.
,,	Tenbury	Cottage Hospital.
,,	Upton-on-Severn	House in New Street, Upton-on-Severn.
,,	Worcester	Worcester Dispensary.

Except where accommodation has been provided at Hospitals, a Caretaker has been appointed for each Dispensary.

Domiciliary Treatment.

"Domiciliary Treatment" is granted by the Insurance Committee to all insured persons suffering from Tuberculosis immediately they apply, and subsequently the patients are examined by the Tuberculosis Officers, who advise whether or not they should receive either Dispensary or Sanatorium treatment.

"Domiciliary Treatment" of Non-insured persons cannot be undertaken, as the Local Government Board have decided that the County Council cannot legally do so. The Local Government Board, however, do not object to the Tuberculosis Nurses visiting patients in their own homes.

Non-pulmonary Cases.

An agreement has been made with the Worcester Infirmary to receive cases of Non-pulmonary Tuberculosis at a charge of four guineas for the first four weeks, and one guinea per week afterwards, and arrangements, it is hoped, may be made with other Hospitals, should necessity arise. So far only five cases have been sent to Worcester, and it would appear from letters received from the Medical Attendants, that the majority of the cases notified, have already been operated upon, or are receiving some kind of treatment. The Medical Staff of the Worcester Infirmary have just informed me that "owing to the "serious condition of affairs, the Staff would be willing to attend "all such cases free of charge for one year." This is certainly a generous act.

Dental Treatment.

The Tuberculosis Committee have decided to establish one Dental Clinic, and suitable rooms have been set apart at the Worcester Infirmary. Arrangements have been made with the City Council to use the Dental furniture they have provided for their Clinic, and the services of a Worcester Dentist have been retained.

Open-Air Shelters.

The County Council decided to provide sixty "shelters" as circumstances require. These "shelters" are modified forms of those which have answered so admirably at the Knightwick Sanatorium. They are substantially built, and in sections, to facilitate transfer from one part of the County to another, and each Shelter costs £14 10s. The design has received the approval of the Local Government Board, who have agreed to pay half the cost.

The Shelters are provided for patients who have previously received treatment in Sanatoria, and whose houses are unfit for a continuance of "open-air methods." 24 have already been supplied, and others are being built.

Food Allowances.

On the recommendation of the County Insurance Committee, Food Allowances are granted to those insured persons whose circumstances are such that they cannot afford to purchase sufficient nourishing foods. So far 69 patients have been granted these allowances. The following has been fixed as the *maximum* weekly allowance to each patient, namely :—

Milk - - -	2 pints per day.
Eggs - - -	1 per day.
Butter - - -	one half pound per week.

The Local Government Board have informed the County Council, that the Council has no legal power to grant food allowances to non-insured persons, and none have been granted.

Results of Treatment.

The first complete year of the working of the Insurance Act ended on the 11th January 1914, and the following Tabular Statements show in the form prescribed by the Local Government Board, the results of treatment to that date, viz. :—

The following shows the number of *cases* of Tuberculosis who received treatment during the year :—

	Men.	Women.	Total.
Sanatorium - - -	57	46	103
Hospital - - -	19	1	20
Dispensary - - -	22	21	43
Domiciliary - - -	175	91	266

The results in cases receiving Institutional treatment have been :—

Results.	Sanatorium			Hospital.			Dispensary.			Grand Total.
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	
Discharged (including those transferred from one form of treatment to another										
(a) Fit for work –	15	10	25	1	–	1	2	3	5	31
(b) Improved –	16	14	30	5	–	5	1	3	4	39
(c) Without improvement –	10	4	14	6	–	6	3	1	4	24
(d) Worse – –	2	7	9	4	–	4	1	2	3	16
Treatment discontinued for other than Medical reasons –	3	4	7	2	1	3	4	1	5	15
Died – – –	2	1	3	–	–	–	1	1	2	5
Total Cases in which treatment concluded	48	40	88	18	1	19	12	11	23	130
Add—Still under treatment 11th Jan. 1914	9	6	15	1	–	1	10	10	20	36
Total Cases treated –	57	46	103	19	1	20	22	21	43	166

The results in cases receiving Domiciliary treatment have been :—

Results.	Men.	Women.	Total.
Completed Domiciliary treatment :—			
(a) Fit for work – – – –	26	8	34
(b) Recommended for other forms of treatment – – – –	68	35	103
Treatment discontinued for other than Medical reasons – – – –	7	2	9
Died – – – – – – –	16	7	23
Total Cases in which treatment concluded–	117	52	169
Add—Still under treatment 11th Jan. 1914	58	39	97
Total Cases treated –	175	91	266

NOTE.—A person recommended for two or more forms of treatment is reckoned as two or more cases, and appears as a separate case under the appropriate head in respect of each form of treatment given.

As the Scheme for treating Non-insured persons has not been in operation long, the results cannot be stated.

Generally.

With the consent of the Insurance Commissioners, the County Council have undertaken to treat Insured persons suffering from Tuberculosis, and the Insurance Committee have agreed to pay to the County Council a sum of about £3,000 per annum for this purpose. The Local Government Board have also agreed to pay one-half the cost of treating Non-insured persons.

Contributions by Non-insured Persons.

The County Council decided that Non-insured persons, whose circumstances permit, should be required to make a contribution towards the cost of their treatment in the Open-air Sanatoria.

Deaths from Tuberculosis.

An arrangement has been made whereby the Sub-district Registrars of Deaths send me weekly, a list of all persons dying in the County from Tuberculosis.

Cancer.

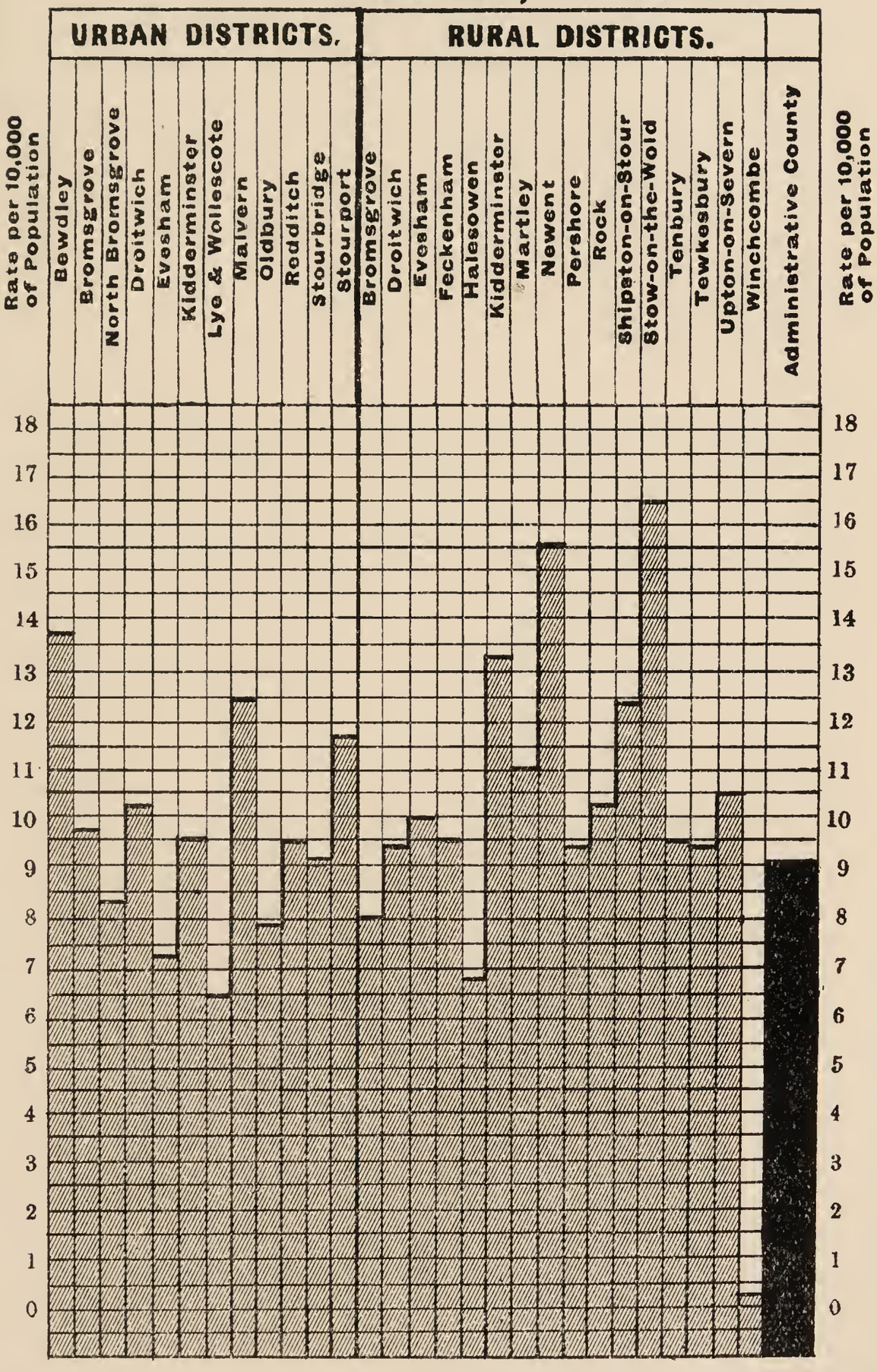
Table XIV. and Diagram No. 5 show the Cancer Death-rates in the County and Sanitary Districts respectively, during the years 1904-1913.

TABLE XIV.

Urban Districts.	Average for years 1904 to 1913 per 10,000 of population.	Rate per 10,000. 1913.	1912.	1911.	1910.	1909.	1908.	1907.	1906.	1
Bewdley Borough	13·7	25·5	18·2	14·5	17·7	13 9	13·9	10·4	6·0	1
Bromsgrove	9·73	12·2	12·2	10·07	10·2	11·6	16·1	4·6	10·0	5
Bromsgrove North	8 4	10·8	4·0	5·5	8·6	8·2	11·6	5·0	10·0	1
Droitwich Borough	10·3	19 2	9 0	4·8	11.8	7·1	7·1	14·2	2·0	9
Evesham	7·3	9·4	6·0	5·9	9·6	10·8	9·6	5·1	5·0	6
Kidderminster	9·5	10·4	11·6	9·8	10·9	7·6	10·2	6·8	10·0	9
Lye and Wollescote	6·60	5·9	10·1	9.4	5·07	3·4	12·0	3·4	9.0	5
Malvern	12·5	9·6	16·9	12·1	16 1	13·8	20 6	11·4	11·0	12
Oldbury	7·9	11·1	8·7	6·2	6·7	9·8	8·6	5·0	8·0	7
Redditch	9·57	5·03	17·2	10·3	9·4	12·8	5·8	9·9	6·0	9
Stourbridge	9 2	9·1	9·9	8·6	10·1	7·9	12·6	6·9	8·0	10
Stourport	11 78	11·3	13 5	9·02	11·8	9·4	14·0	20·8	6·0	9
Urban Death-rate	8·89	10·08	11·3	8·07	9·2	9·3	9·8	7·6	7·3	8
Rural Districts.										
Bromsgrove	8·0	12·41	9·9	10·7	4·8	6 5	8·1	8·1	7·0	4
Droitwich	9·4	11·5	12·3	7·7	12·3	5·4	9·2	9·2	10·0	6
Evesham	10·0	14·0	8 6	6·5	12·5	13 9	6·3	14·1	14·0	9
Feckenham	9·5	14·6	10 9	12·8	11·1	7·3	5·4	7·2	8·0	10
Halesowen	6 7	9·4	5·0	7·7	8·1	7·6	7·2	5·5	6·0	5
Kidderminster	13·3	12·5	10·8	15·2	16·8	12·8	13·8	11.8	17·0	13
Martley	11·1	14·5	16·8	12·2	12·3	8·2	6·9	10·0	17·0	6
Newent (part)	15·6	8·3	41·9	0·0	7 6	30 5	15·2	7 6	22·0	7
Pershore	9·4	11·2	9·0	7·5	11·02	11·02	10.9	9·3	11·0	5
Rock	10·2	22·5	9·0	0·0	19·5	14·6	9·5	9·5	4·0	9
Shipston-on-Stour	12·4	10·6	8 4	14·8	6·9	6·9	15·9	13·5	22·0	19
Stow-on-the-Wold (part)	16 6	32·1	32·1	0·0	-	0·0	34·2	34.2	0·0	0
Tenbury	9·5	6·3	19·0	10·5	4·2	10·6	10·4	6·2	10·0	14
Tewkesbury (part)	9·4	12·9	4·3	8·6	13·3	8·7	4·3	13·1	4·0	8
Upton-on-Severn	10·5	6·8	12·3	12·5	10·0	15·3	11·8	8·4	11·0	11
Winchcombe (part)	0·0	0·0	0·0	0·0	-	0·0	0.0	0·0	0·0	0
Rural Death-rate	9·34	11·3	10·3	9·07	9·4	8·9	9 2	8·3	9·8	8
County Death-rate	9·1	10·6	10 9	9·1	9·2	9·1	9·5	7·9	8·4	8

The "Imperial Cancer Research Committee" have continued their investigations with regard to this puzzling disease, and their "Executive Committee" issued a valuable report on July 21st last, which states that the Committee have had under consideration a proposal that a notice should be issued to the Medical Profession and the general public, calling attention to the

AVERAGE CANCER DEATH RATES PER 10,000 OF THE POPULATION, FOR THE YEARS 1904-1913, INCLUSIVE.



importance of the early recognition of the symptoms of Cancer. Much information with regard to the practice adopted in France, Germany, the United States and other countries has been collected, but after consideration the Committee decided that it was not desirable at the present time to issue any general pronouncement. I assume the Committee took this step, because the Portsmouth Public Health Committee have recently issued a leaflet to Nurses, Midwives and others, calling attention to this question. Owing to the urgent necessity for the early diagnosis of Cancer if tumours were to be successfully treated by surgery, many attempts have been made to obtain aids to diagnosis in suspicious cases; none of these have up to the present time given constant or specific results, and all are therefore unreliable.

The report deals with the subject of "Heredity," "Cancer "Areas" and "Cancer Houses." As regards "Heredity," it shows, that there are still no reliable data available as regards Cancer in man.

A considerable part of the report is devoted to "Cancer "Houses" and "Cancer Areas," and the opinion is expressed, that the determination whether Cancer was more frequent in certain houses is very much more complex than the simple arithmetic of enumeration. So far as the investigations into "Cancer Houses" and "Cancer Areas" have proceeded, the Committee have come to the conclusion that they are myths.

Table XV. gives the ages of those who died from Cancer in each district during the years 1911 to 1913.

TABLE XV.

Districts.	At all ages.	Ages in years.							
		Under 1	1-2	2-5	5-15	15-25	25-45	45-65	65 and upwards.
Urban.									
Bewdley Borough	16	-	-	-	-	-	4	6	6
Bromsgrove -	31	-	-	-	-	-	-	12	19
North Bromsgrove	15	-	-	-	-	1	1	7	6
Droitwich - -	14	-	-	-	-	-	1	5	8
Evesham - -	18	-	-	-	-	-	-	9	9
Kidderminster -	85	-	-	-	-	-	10	44	31
Lye & Wollescote	30	-	-	-	-	-	3	17	10
Malvern -	64	-	-	-	-	-	2	25	37
Oldbury - -	87	-	.	-	1	2	7	50	27
Redditch - -	51	-	.	-	-	1	7	23	20
Stourbridge- -	48	-	-	-	-	-	4	22	22
Stourport - -	15	-	-	-	-	-	3	5	7
Rural.									
Bromsgrove -	48	-	-	-	-	-	1	19	28
Droitwich - -	41	-	-	-	-	1	4	20	16
Evesham - -	25	-	-	-	-	-	4	10	11
Feckenham - -	21	-	-	-	-	-	1	10	10
Halesowen - -	58	-	-	-	-	-	12	32	14
Kidderminster -	33	-	.	-	-	2	2	11	18
Martley - -	57	-	-	1	-	1	6	28	21
Newent - -	7	-	-	-	-	-	-		7
Pershore -	37	-	-	-	-	-	3	20	14
Rock - - -	7	-	-	-	-	-	-	1	6
Shipston-on-Stour	16	-	-	-	-	-	-	4	12
Stow-on-the-Wold	2	-	-	-	-	-	-	2	-
Tenbury - -	17	-	-	-	-	-	1	7	9
Tewkesbury -	6	-	-	-	-	-	1	3	2
Upton-on-Severn	46	-	-	-	-	-	3	19	24
Winchcombe -	-	-	-	-	-	-	-	-	
Total	895	-	-	1	1	8	80	411	394

It appears from the above Table that the majority of deaths from Cancer occurred after the age of 45; for instance, 805 of the total 895 deaths registered during 1911 to 1913 (90%) were persons who were 45 years of age or more.

Isolation Hospitals.

I mentioned in my "Digest" for 1912 (p. 44) that the Stourbridge and Halesowen Hospital Committee had decided to build a "Tuberculosis Pavilion" for 14 beds, the Bromsgrove Hospital Committee one for 14 beds, the Evesham Joint Hospital Board one for 6 beds and the Tewkesbury Joint Hospital Board

one for 6 beds, and were submitting plans to the Local Government Board. I hoped that before this, these pavilions would have been erected and occupied. Various difficulties (some legal) have however prevented this being brought about. The present position is, that the Bromsgrove Hospital Committee are building a pavilion for 14 beds, the Halesowen Committee another one for 14 beds, and plans for 6 beds at the Tewkesbury Isolation Hospital (5 of which will be retained by the Gloucestershire County Council) are before the Local Government Board. The Evesham Joint Isolation Hospital Board have bought additional land, and have informally submitted plans to the Local Government Board for a Pavilion of 6 beds, one of which will be retained by the Gloucestershire County Council.

In addition to these, 6 beds are about to be provided at the Smethwick and Oldbury Joint Hospital for the use of persons residing in the Oldbury Urban District.

The Welland Smallpox Hospital has been rented by the County Council from the "Upton-on-Severn and District Small-"pox Hospital Committee" since December, 1912, and utilized for Tuberculosis Patients who are being dealt with under the County Scheme.

All the Tuberculosis Pavilions at these Isolation Hospitals either are, or will be rented by the County Council, and used for Pulmonary Tuberculosis patients in an "intermediate" or "advanced" stage of the disease.

The utility of Isolation Hospitals is referred to in the paragraph on "Scarlatina" (p. 18). This subject is constantly being discussed by members of the medical profession, and new features are frequently cropping up. The following extract from "Public Health"—the official organ of the Society of Medical Officers of Health—sums up the present position:—

> "In former years there was undoubtedly the hope that by limiting the "opportunity of known cases to spread the disease, a much larger "effect would be produced on total prevalence than actually occurs. "Isolation in Hospital does . . . diminish the amount of risk to "which the inmates of homes are exposed by the occurrence of a case "of Scarlet Fever, or Diphtheria among them, but . . . the "chances of infection outside the home are still sufficiently abundant "for this decrease not to have any very considerable result upon the "total prevalence. This, however, is not sufficient argument against "hospitals for infectious disease to lead to their abandonment. Who "among us, having a case of Scarlet Fever or Diphtheria in our homes, "would not desire to have the immediate risk to other members of "the family reduced. . . . The lesson to be learnt from the two "papers (read at the Congress of the Royal Sanitary Institute at "Blackpool) is the need for extending as far as may be practicable "the principle of dealing with potentially infective persons, to those "who now escape the net of the Notification of Infectious Diseases "Act. . . Underlying the whole story of prevalence of infectious

> " disease in a community is undoubtedly the natural behaviour of " the disease. At one period the disease manifests an ability to " spread, which it does not appear to possess at another, and very " largely the disease is spread by unrecognised and perhaps by un- " recognisable cases. In the case of Diphtheria there is a possibility " of decreasing the proportion of cases which are operative in this " manner by employment of bacteriological methods.. In this respect " Diphtheria stands on a footing different from that of Scarlet Fever."

Evesham Isolation Joint Hospital.

It has been recognised by the Joint Hospital Board for some time past that the Administration Block is not large enough for present requirements, consequently the Borough Surveyor has prepared plans for enlargements. These have been *informally* approved by the Local Government Board, so I trust before long the work will be commenced. I expressed the opinion in my last Report that " the time has now arrived for a Medical Super- " intendent resident in Evesham, to be appointed, who should be " responsible for the general control of the Institution and the " staff." In due course the Board asked me to confer with them on the subject, and decided unanimously to adopt my suggestion. Subsequently Dr. Harthan was appointed.

Bromsgrove, Droitwich and Redditch Isolation Hospital.

In consequence of some " return cases " of Scarlatina (see par. Scarlatina, p. 18) having occurred in this hospital district, I presented a report to you on 2 May, 1914, and said :—

> ' In order to meet present requirements and bearing in mind that the " population of the Hospital district has increased by about eight " thousand five hundred since the Hospital was opened in 1902, Dr. " Kidd and I are of opinion that the time has now arrived for an " additional ward Pavilion to be erected, in order that Scarlatina " patients may be treated on " open-air methods " before they are " discharged, and we advised the Hospital Committee to that effect at " their Meeting we attended on March 17th last. Such a Pavilion " need not afford provision for more than eight patients, nor cost " nearly as much as the other ward Pavilions did."

Upton-on-Severn Isolation Hospital.

Dr. Cowley reports :—

> " For some time it has been manifest that a small observation ward or " room has been necessary. There is no means of quarantining a " patient, and the process of discharging the subject from the infected " ward is not quite satisfactory. It is palpable that without such pro- " vision an Infectious Hospital is incomplete."

Bromsgrove Smallpox Hospital.

I reported last year that this hospital was in a neglected state, and certainly was not in constant readiness to receive patients.

In consequence of this you communicated with the Hospital

Committee, who have caused the buildings and site to be better looked after.

Nurses for Domiciliary Treatment of Infectious Diseases.

The Local Government Board have recently given the following decision under the Public Health Acts Amendment Act 1907 with regard to the power to employ nurses for cases of infectious diseases, which cannot be removed to Hospital:—

Section 67 of the Public Health Acts Amendment Act 1907 (7 Edw. vii., c. 53), enables the Councils of districts in which the section is in force to provide nurses for attendance on patients suffering from any infectious disease in the district who, owing to want of accommodation at the hospital or danger of infection, cannot be removed to the hospital, or in cases where removal to the hospital is likely to endanger the patient's health. When sanctioning under the Local Authorities (Expenses) Act, 1887 (50 and 51 Vict., c. 72), a payment made by a District Council for nursing at their own home a family suffering from infectious disease, the Local Government Board drew attention to the above provision, and suggested that with a view to obtaining the necessary statutory authority for the employment of nurses in any future similar contingency the Council should consider the question of making application for the issue of an order investing them with the power of the section.

Housing, Town Planning &c. Act 1909.

At your meeting on May 2nd last you directed me to include in this report "Extracts from each of the Annual Reports of the "Medical Officers of Health for year 1913."

Before doing this, I submit Table XVI., which is a tabular statement of the work carried out by the local Sanitary Inspectors under the Housing, Town Planning &c. Act 1909.

During the years 1907-11 the annual average number of houses built in the County was 715, as compared with 470 in 1912 and 441 in 1913, so it seems that there has been decidedly less building during the last two years.

4197 houses were inspected for purposes of S. 17 of the Act during 1911, 4767 in 1912, and 5112 in 1913; so that a few more houses were inspected last year than formerly. The houses reported to be unfit for habitation were, 317 in 1911, 245 in 1912, and 301 in 1913. 206 "closing orders" were made in 1913, as compared with 159 in 1911 and 172 in 1912.

Borough of Bewdley.

Dr. Miles says :—

" During the year 46 houses were inspected under the Act, and the results " entered in the Record-book, and 549 other inspections have also been " made.

" No new houses have been built during the year, and those that have " been built during recent years have all been of the better class, not " workmen's cottages.

" The question of the House Accommodation is one which the Council will " be compelled to face in the near future.

" During the last four years twelve cottages have been closed and there " are several others which will have to be dealt with in due course.

" It appears that a good number of the people in the town are now living " in unsatisfactory surroundings because they are unable to get better " houses which should be provided for them, the low wages of many " of the inhabitants would prevent them paying rents of 3/6 to 4/- a " week. The General Purposes Committee of the Council appointed " a small Sub-Committee ' to investigate the housing conditions pre- " ' vailing in the Borough, in order to ascertain whether there is a " ' shortage of working-class dwellings, and if, as the result of their " ' investigations they are of opinion that any shortage exists " ' (which is likely to be of permanent duration) they do ascertain " ' whether land can be acquired at a reasonable price within the " ' Borough, suitable for the erection of dwellings to meet the " ' demand, and further, that the Sub-Committee do prepare for sub- " ' mission to the Council a Building Scheme with a view to such " ' demand being supplied.' "

I mentioned last year that the number of inspections under the Act was, as Dr. Miles said, " undoubtedly small." It will be noticed, however, that more was done last year.

A sub-committee has been appointed to investigate the housing conditions, and if any shortage exists, to ascertain whether land can be obtained at a reasonable price. I suggest that the Corporation be asked what decision they have arrived at?

Bromsgrove Urban District (Dr. Kidd).

" Steady work has been done during the year by remedying the defects " found in the course of inspection, generally speaking the house " accommodation has distinctly improved of recent years, 8 new " houses were completed during the year."

It will be noticed (see Table) that only 36 houses were inspected under the Act during last year. Dr. Kidd said last year " that only 61 houses were dealt with in 1912, as the Inspector's " time was so fully occupied," consequently he advised his Council to put the work in the hands of some other qualified official.

The Clerk of the Urban District Council wrote (16 January 1914) " the inspection of the houses in the district is proceeding."

TABLE XVI.

Districts.	No. of Houses built in			No. of dwelling-houses inspected under and for the purposes of Section 17.	No. of dwelling-houses which on inspection were considered to be in a state so dangerous or injurious to health as to be unfit for habitation.	The number of Closing Orders made.	The number of defects remedied, without the making of Closing Orders.	The number of defects remedied after the making of Closing Orders.
	1911.	1912.	1913.					
Urban—								
Bewdley Borough	Nil.	Nil.	...	46	3	3	...	...
Bromsgrove Urban	Nil.	Nil.	Nil.	36	Nil.	Nil.	86	Nil.
North Bromsgrove Urban	13	13	8	193	Nil.	Nil.	94	Nil.
Droitwich Borough	6	11	11	32	Nil.	Nil.	48	Nil.
Evesham Borough	35	27	24	63	1	Nil.	40	Nil.
Kidderminster Borough	11	16	48	878	44	37	821	Nil.
Lye and Wollescote Urban	30	7	14	311	18	18	1,114	67
Malvern Urban	13	6	Nil.	142	7	5	900	16
Oldbury Urban	112	110	93	405	12	12	1,053	88
Redditch Urban	31	45	...	132	...	...	...	...
Stourbridge Urban	42	42	29	682	64	64	2,352	576
Stourport Urban	5	4	11	69	1	1	114	...
Rural—								
Bromsgrove Rural (Northern Division)...	15	10	12	86	...	...	48	...
Bromsgrove Rural (Southern Division)...	26	30	23	86	5	...	5	...
Droitwich Rural	5	11	14	124	17	8	105	19
Evesham Rural	36	37	69	112	22	20	29	...
Feckenham Rural	2	4	7	201	25	3	...	...
Halesowen Rural	53	37	37	340	1	1	1,978	...
Kidderminster Rural	12	9	3	133	31	12	23	29
Martley Rural	3	9	10	297	4	4	32	4
Pershore Rural	15	25	15	254	10	...	In 70 houses.	...
Rock Rural	...	1	2	...	...	...	...	...
Shipston-on-Stour Rural	(a)	...	...	206	19	...	120	...
Stow-on-Wold Rural (part of)	...	...	...	6	1	1	...	...
Tenbury Rural	7	5	8	50	4	5	3	...
Tewkesbury Rural	...	...	...	156	4	4	74	...
Upton-on-Severn Rural	6	11	3	72	8	8	...	...
Totals	478	470	441	5,112	301	206	9,109	799

(a) No Building Byelaws, so number not known.

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As the Inspector's time is "so fully occupied," the desirability of Dr. Kidd's suggestion being acted upon is obvious.

Bromsgrove North Urban District (Dr. Kidd).

"The inspection of houses under the Housing Act has been done by the "Sanitary Inspector, who does as many houses each month as he is "able to find time for in the intervals of his other duties. 193 "'records' were made during the year and the necessary notices "served. . . . This method hardly perhaps fulfils the intention "of the Act which was, presumably, to have a complete inspection and "record of the houses in the district made within a short time, but by "taking the worst districts first, which is being done, slowness is to "some extent compensated for. . . . I was consulted by the Coun-"cil as to the want of cottages, with 3 bedrooms and the question "whether the Council should attempt to supply such houses, but the "difficulties in the way are so many, one of the principal being that "at the present prices cottages could not be provided at a rent which "could be afforded by the people.

"With perseverance in remedying defects as they are found, I think "that house accommodation generally in this district can be kept "fairly satisfactory."

It will be observed that Dr. Kidd says the inspection "hardly fulfills the intention of the Act." As he said in his annual report for 1912 that "the work is slow . . . owing to the "Inspector having lack of time," your Clerk wrote to the Clerk of the Urban District Council, and the latter replied February 5, 1914, "the work of inspection in this district is being expedited, "and has been for some time now."

Dr. Kidd mentions in his report that if the house inspection could be completed, existing privies creating nuisance could be converted to w.c.'s, "which alone would be worth the expense."

Droitwich Borough (Dr. Roden).

"No statutory notices were issued, nor were any premises demolished "either voluntarily or by order of the Town Council. Twelve new "houses are in course of construction by the Corporation for the "Working Classes. When these are completed it will then be "possible to take steps towards a more thorough repair of the "existing houses."

The Town Clerk wrote (3 Feb. 1914) that the Corporation "are quite alive to the necessity of making periodical inspections," and Dr. Roden is of opinion that when the 12 houses are completed, it will then be possible to expedite the work.

The Town Clerk has (Aug. 18, 1914) informed me that the 12 cottages are now occupied, and that the "amount granted" by the Local Government Board was £2,100.

The rents vary from 3s. 6d. to 4s. 6d. per week.

Evesham Borough (County Medical Officer).

"Only 63 "records" were prepared in 1913: on the face of it this is "not satisfactory, and does not carry out the Local Government "Board 'Housing (Inspection of District) Regulations 1909,' to the "extent that is desirable.

"1 house was represented as unfit for habitation, but it is known that "there are at least 83 cottages in a poor condition. No Closing "Order was issued; indeed it is quite impracticable for the Corpora- "tion to make any such Order, owing to the dearth of cottages. I "submit therefore that better housing is most urgently needed in the "Borough."

Since I presented this District Annual Report, the Corporation have purchased an excellent site, about 8 acres in extent, and have obtained the Board's sanction for a loan of £1,800 for its purchase.

The Corporation intend to erect 52 cottages—to commence with—as speedily as possible.

Kidderminster Borough (Dr. H. Moore).

"Work under the Housing and Town Planning Act is proceeding in a "satisfactory way: the Inspecting Officer has reported upon 878 "houses, particulars of which have been entered in the Register. "Thirty-seven houses were dealt with for Closing Orders and the "majority of them will be repaired and made fit for habitation. "The housing problem is becoming rather difficult to deal with, there "are very few houses empty at a rate of 3/- to 3/6 per week, "consequently we have had cases of overcrowding reported to us.

"All the houses built during the last two or three years have been houses "of 5/- per week and upwards. I consider that considerable im- "provement has been made in the habitable conditions of the working "classes during the year. . . . The Health Missioner states that "the question of Housing is difficult and she hears daily of men "with large families and a wage of from 15/- to a £1 who cannot "get a house large enough for what they can afford at the most "3/6 per week."

Lye and Wollescote (Dr. Darby).

"A very important move on the part of the Council was the purchase of "one of the most beautiful sites imaginable for a recreation ground. "No scheme for reconstruction has been undertaken in the way of "Town Planning at present. Many old houses have been closed and "the need for new ones is becoming acute. It is almost impossible "for people who have to leave their present dwellings to find houses "at all, especially at a low rental. The Council decided to allow a "period to elapse for private enterprise to display itself, but the most "needed class of houses is not being built in sufficient numbers to "meet the requirements of the district, and the more the house-to- "house inspection proceeds, the more does this become noticeable.

"I have carefully considered the question of the need for more houses, "and think that in order to meet the cases of overcrowding at present "existing, to meet the demands for houses amongst young people "anxious to set up housekeeping, and to find room for persons whose "houses are likely to be closed, it will be necessary to provide a con- "siderable number of new houses with as little delay as possible."

I commend to your consideration Dr. Darby's statement that "it will be necessary to provide a considerable number of new "houses with as little delay as possible."

In his Report for 1912 he said "it will be some years before "the 2,497 houses can be visited," consequently he advised "that "a youth should be appointed as a Sanitary Clerk, in order to "enable the Inspector to do more inspections." Your Clerk wrote calling attention to this latter statement, and the Clerk of the Urban District Council replied (14 Mar., 1914) "that the Council "are of opinion that the work in the Inspector's department is "progressing satisfactorily, and that they cannot see their way "to adopt the suggestion that a youth should be appointed as a "Sanitary Clerk."

Malvern Urban District (Dr. Mitchell).

"The problem of dealing with houses for the very poor who have large "families remains a difficulty. There is no shortage of cottages in "the district as might be expected with the practically stationary "working class population. Mr. Hillyard, the Sanitary Inspector, "says that in various parts of the district there are a number of "empty cottages, and it would therefore appear as though there "is no lack of accommodation. In my last Annual Report I men- "tioned that instances are met with in which large families with "small incomes are living in very small cottages, and it is well-nigh "impossible for them to do otherwise, inasmuch as they cannot afford "to pay a larger rent without depriving the family of the necessaries "which are vital in the maintenance of health. Nothing can effec- "tually remove these difficulties but the exclusive right to roomy "cottages at low rents, graded in proportion to income, size of "families, and other varying circumstances."

Oldbury Urban District (Dr. Buttery).

"Work under the Housing and Town Planning Act has been carried out "with very little, if any, friction between the Authority and owners "of properties affected.

"The Sanitary Inspector (Mr. G. H. Robbins) states:—The house accom- "modation is plentiful, the majority of which have good sanitary sur- "roundings. 93 houses have been built during the year."

Redditch Urban District (Dr. Stevenson).

"The Council have obtained a loan of £7,128 for the erection of 36 "workmen's cottages, and the houses are now in course of erection. "The proposed rental is 5/9 a week.

"There is no question at all as to the necessity of providing more work- "men's dwellings for the town, but some doubt was expressed as to "the class and rental of house that ought to be built, many wishing "to see cheaper houses erected. Personally, I am of opinion that "those with a rental of five or six shillings a week are such as those "we require. When a sufficient number of this type are up—and I "think many more than 36 are required—the congestion in the dwell- "ings in the central parts of the town will be relieved, and the rents "of these houses, at the present time inflated, owing to the demand, "come down to a reasonable figure. Later on, the Council will, I

"am sure, have to consider the advisability of proceeding with a "further building scheme.

"In connection with housing the Surveyor, on November 17th, 1913, took "a census of those entering and leaving the Urban District between "the hours of 6.30 a.m. and 9 a.m. 3,258 persons entered and 547 "left in that period."

Both the Medical Officer of Health and Sanitary Inspector are of opinion that many more cottages than the 36 the Urban District Council are now building, are needed. The census of the people coming into Redditch to work strongly supports this. I know from personal experience, that the fact of so many Redditch workpeople being obliged to live outside the town, is creating housing difficulties in two adjoining Sanitary Districts.

The Sanitary Inspector (Mr. W. Jameson) says:—

"*Housing, Town Planning, etc., Act,* 1909.

"A considerable amount of my time has been occupied in carrying out "duties under this Act. It will be seen that the number of houses "inspected is less than either of the two preceding years. This is, "however due to two reasons:—

"(1) The number of infectious cases notified, which interfered "with the ordinary work.

"(2) The property which was dealt with was of the most dilapi- "dated class. All the houses reported upon were those whose "rental did not exceed £16, as specified under section 14 of "the Act.

"One hundred and thirty-two houses were inspected during the year under "notice. A detailed report of the condition of each house was pre- "sented for your consideration.

"Each owner was supplied with full particulars of the works required to "be carried out, in order to make the houses in all respects reason- "ably fit for habitation."

"The cost of the works which have been carried out I have estimated at "£1,643, approximately; this giving an average cost per house of "£17 17s. 2d. This figure hardly gives a fair impression because "the work done to seven houses cost £470. In these cases it was "necessary to practically rebuild the cottages.

"In September I presented a report upon 'The Housing Question in "'Redditch,' in which I pointed out the great need for cheap houses "for people of the poorer classes, who were unable to help them- "selves, and in particular for those who are required to remove from "houses where extensive alterations are to be carried out.

"The need for cheap cottages is quite as great to-day, and until an "adequate number are provided, overcrowding must continue to "exist."

Stourbridge Urban District (Dr. W. Freer).

"During 1913 Closing Orders were made in respect of 64 houses.

"In most cases where Closing Orders were made it was not necessary to "proceed with ejectment orders against the tenants as the repairs "were carried out whilst the houses were occupied.

"There is no considerable amount of overcrowding in the district, and "there are no overcrowded areas.

"During the year 29 new houses were erected in the district, none of "which would be let at a rental under five shillings per week.

"The number of houses erected during the year is less than for any one "year during the last decade.

"At the Council Meeting held on 30th June, 1913, the following Resolution "was passed :—

"'That a Special Committee be appointed for the purpose of (*a*) making "'a full enquiry into the alleged inadequate supply of houses, at suit-"'able rents, for the working classes, (*b*) to consider, if any, and what "'means can be devised as a solution of the difficulty which may be "'found to exist, and (*c*) to report their findings and recommenda-"'tions to this Council at the earliest possible date.'

"The Committee frequently met, but at the end of the year had not made "a report.

The Sanitary Inspector (Mr. A. Kent) sets forth at length details of the work he has carried out and says that "in every case where a closing "Order is made the premises have been inspected by the Sanitary "Sub-Committee and the Medical Officer. One owner appealed to the "Local Government Board against the decision of the Sanitary Com-"mittee, but subsequently withdrew it."

"Several owners of property asked me to supply detailed specifications of "the repairs necessary at their houses, and during the year I sup-"plied them for 34 houses."

As the Urban District Council have appointed a Special Committee to make full enquiry as to the alleged inadequate supply of houses, I suggest that you ask the Urban District Council what conclusion they arrived at.

Stourport Urban District (Dr. E. S. Robinson).

"One Closing Order was made and became operative. I have nothing "to add to my remarks on this subject in my last Annual Report."

In the Special Report I made in February, 1913, I mentioned that Dr. Robinson was of opinion that

"The problem of the housing of the working classes promises to become "acute. For many years dealing with this class of property was "postponed till the completion of the sewage scheme. About 10 per "cent. of the houses in the district is of the 'back-to-back' type, and "though the Council is anxious to deal effectively with this class of "property by Closing Orders where necessary, it is handicapped by "the fact that almost every habitable house is occupied, and there is "nowhere for evicted tenants to go."

"Dr. Robinson says, in his 1912 Report, 'If private enterprise is unwill-"'ing or unable to build cottage property, I hope the Council will "'decide to do so themselves.'"

In reply to your Clerk's enquiry as to the alleged scarcity of houses, the Clerk of the Urban District Council forwarded (17 Jan., 1914) a copy of a letter he sent to the Local Government Board, from which it appeared that owing to temporary conditions, there was a slight shortage of cottages in 1912, but "this has now

"righted itself," and that the Sanitary Inspector reports "that "there is not at the present time a single house within the district "that he could report as unfit for human habitation. . . . . At "the present time there is no lack of housing accommodation "within the district, and the Council do not contemplate taking "steps to erect houses."

Bromsgrove Rural District (Dr. F. W. J. Coaker).

"*Sufficiency of Houses.*—Thirty-three houses were erected in the district, "but some of these were of the nature of additions to older houses, "and four were to replace two others demolished. The demand for "cottages is hardly now being met by private enterprise, for the "pressure on accommodation that has been mentioned in former re- "ports is still kept up. Certainly most of it is due to overflow from "neighbouring towns, viz., Birmingham, Redditch, Stourbridge, "Halesowen, and Kidderminster. A good example of the shortage is "seen at Blakedown. A forge in which many of the male population "were employed was closed at the beginning of the year. The closure "of such an industry a few years ago would have caused a migration "of workers and consequent empty cottages, but it was found at the "end of the year that there was no empty cottage in the village. "Any efflux of ironworkers was quickly made good by an influx of "operatives in neighbouring towns, who by means of cycles and im- "proved travelling facilities were enabled to live in the country and "yet continue their work in the towns. Two other factories have "contributed to the pressure, the first being that some cottages have "been acquired and enlarged to serve as residences, or week-end "cottages, for people whose work lay in the neighbouring towns, and "the second being that some large houses have been built without "corresponding accommodation for the men employed by the owners, "and thus displacing others.

"Stoke Prior stands in a different category to the rest of the parishes. "Here there is not sufficient accommodation for the men employed "by the Midland Railway Company and the Salt Union, the majority "of whom live either in the Bromsgrove Urban District or in the "Droitwich Rural District. Here accommodation is needed for the "intrinsic needs of the parish; in other parishes accommodation is "needed to supply extrinsic circumstances, as explained above. But "whether from conditions belonging to the district or not, the fact "remains that accommodation is needed, and the provision of such "would develop the district and enable workers to live under healthy "conditions in the country."

The Clerk of the Rural District Council wrote (23 Jan., 1914) "that there is no scarcity of labourers' cottages in the "Bromsgrove Rural District for the inhabitants proper, and the "District Council consider they are not called upon to provide "houses for the overflow population from neighbouring towns."

You will observe Dr. Coaker says "Stoke Prior stands in "a different category to the rest of the parishes."

Droitwich Rural District (Dr. J. Wilkinson).

Dr. Wilkinson makes no general statement as to the scarcity or otherwise of cottages in his Annual Report for 1913.

He however writes:

"Details of the work carried out under the Act are given, and the District "Council are negotiating for sites for building houses at Ombersley, "Elmley Lovett, and Cutnall Green."

I said in my last "Digest" (p. 49): "There were 3,130 "separate occupiers when the census 1911 was taken; so if but 40 "are inspected annually (as it appeared), it will take 78 years "before one inspection of each house is made."

The Clerk of the Rural District Council wrote (9 Mar., 1914) "that it appears from the Sanitary Inspector's Report that "the number recorded as having been dealt with in the years 1911 "and 1912 in no wise represents the actual number inspected by "him, although not actually entered."

"The Inspector has reported that during the year 1913 he "has inspected 124 houses, so the Council consider good progress "is being made with this work. With respect to the housing "accommodation at Martin Hussingtree, my Council consider that "in view of the fact that several new houses have recently been "erected, and that more are contemplated being built, there is "no need at the present time to provide further cottages. As "to the parish of Crowle, it was stated at the last meeting that "there was no demand for extra cottages at the present time."

Evesham Rural District.

"Housing.

"Mr. Holloway's Annual Report upon the action which has been taken "under your direction during the year for improving the housing "accommodation of the working classes in your district is most satis- "factory. That 60 labourers' cottages at rentals varying from 3/6 "to 4/8 per week have already been built at Broadway, and 87 others "either are now being built, or will very shortly be built, under the "Housing, Town Planning, &c. Act 1909, without charge upon the "rates, is a record of which you may most justifiably be proud.

"In addition to these, Sir Charles Swinfen Eady has built 4 cottages at "Norton, and is about to build others in the parish.

"The Broadway Housing Scheme was completed during the year. "Every house is let, there are no arrears of rent, and the tenants are "much pleased with the cottages. The 'balance sheet' which has "been prepared by your Clerk is of more than local interest, so I "now give it.

"*Broadway Housing Scheme.*

"*Estimated Balance Sheet.*

Receipts.	£	s.	d.	Expenditure.	£	s.	d.
9 houses at 3/6 weekly, per annum	81	18	0	Public Works Loan Board repayment of principal and interest, £510 in 80 years at 3½%	19	0	9
7 ,, 3/9 ,, ,, ,,	68	5	0				
23 ,, 4/- ,, ,, ,,	239	4	0				
21 ,, 4/6 ,, ,, ,,	245	14	0	Ditto £9,525 in 60 years at 3½%	381	17	0
	635	1	0	Ditto £500 in 20 years at 3½%	35	3	6
				Rates at 7/7 in the £ ...	91	0	11
				Taxes	1	4	3
				Insurance	7	10	0
				Supervision and collection of rents	15	0	0
				Repairs and contingencies, £1 per house	60	0	0
					610	16	5
Less voids and losses 2½%	16	18	0	Estimated surplus	7	6	7
	£618	3	0		£618	3	0

"*Union Offices, Evesham,*
"*10th March,* 1914.

E. H. Wadams,
Clerk to the Council.

"Mr. Holloway's tabular statement (appended) with regard to the work "carried out under the Housing Acts shews that much has been done; "and that it is now possible to close houses that are unfit for habita- "tion without rendering people homeless.

"An appeal against a Closing Order at Broadway was made to the Local "Government Board on March 17th, 1913, and after the Board had "been supplied with copies of all notices and correspondence with a "view to hearing the appeal, the owner's agent withdrew it on May "15th. On December 8th, 1913, 4 Demolition Orders with respect "to houses at Broadway were made, against which owners appealed "to the Local Government Board, but their appeals were abandoned "on January 3rd, 1914."

As Sir Charles Swinfen Eady has not built any more cottages at Norton, the Rural District Council held a Local Inquiry on July 28th last, and have since decided that 6 cottages are needed, and to ask Sir C. Swinfen Eady to confer with them as to this.

The housing scheme at Broadway continues to be a great success. No rents are in arrear.

The 26 cottages at Offenham are now occupied, and the 24 at Littleton are in course of erection.

A loan of £3,400 (£750 for land and £2,650 for buildings) has been sanctioned for building 16 cottages at Harvington: and a Local Government Board Inquiry as to a loan of £4,040 (£670 for land and £3,370 for buildings) for 20 cottages at Bretforton has been held.

There is no reason to doubt that all these schemes will be carried out without cost to the rates.

The Sanitary Inspector (Mr. Holloway) says:—

"After three years' working of the Housing and Town Planning Act of 1909, the all-round improvement in the housing conditions of your district is very apparent, and when the necessary works relating to two further villages, which have recently been inspected, are carried out, and the housing schemes which the Council have undertaken, are completed, there will, I think, be very little cause for complaint, either of shortage, or of insanitary dwellings.

"Since writing my last Annual Report, the Broadway Housing Scheme has been completed, every house is let, and the tenants express their entire approval, the cottages not only add to their comfort, but there is a marked improvement in the health of the tenants, thus proving the undeniable benefits which will be derived by improved housing accommodation.

"Sir Charles Swinfen Eady has erected 4 cottages in Norton, thus relieving the immediate pressure with regard to housing in that parish. He is considering the necessity for further houses, and is prepared to continue building if such is proved.

"In July, as instructed by you, I prepared a scheme for the erection of 26 cottages at Offenham, 10 of these houses are nearing completion and the remainder will be occupied by the end of May.

"A scheme for 24 cottages for the Littleton parishes is awaiting the sanction of the Local Government Board, and further schemes for 20 cottages for Bretforton and 15 at Harvington will be proceeded with when sites can be obtained.

"In each of my plans I have adhered to the recommendations of the Local Government Board, and given a large living room, a scullery fitted with bath, copper, and small cooking stove, there is also a larder, coals store place, and w.c., and 3 bedrooms to each cottage. The rents vary from 3/6 to 4/8 per week inclusive, and in no instance is the scheme a charge upon the rates. The cost per cottage is about £155, exclusive of land.

"The number of new houses erected during the year was 69, of which the Council were responsible for 40.

"This year I have inspected about 400 houses, and there were 112 dealt with in accordance with the Housing Acts, the other inspections being to ascertain the number of cottages which were overcrowded or insanitary, and in order to frame a recommendation to the Council as to the number of cottages required.

There were 22 houses reported as unfit for habitation, 20 were closed, and 29 were made reasonably fit for habitation without closing. Of the 20 houses closed there were ten demolished. Under Section 15 of the Housing Act there were 7 notices served, and the number of cases of overcrowding abated was 13."

Feckenham Rural District (County Medical Officer).

"This subject was brought to the front in consequence of the following statements I made in my last Annual Report, p. 81, 'As regards the 'provision of cottages under powers given by the Housing, Town 'Planning, &c. Act 1909, I am inclined to think that if more 'labourers' dwellings were available at Astwood Bank, Cookhill 'and Inkberrow, they would find tenants, as I understand there is 'seldom a vacant house in these localities. . . . In order to

"'settle the point, I suggest that some of your members be appointed "'to hold Local Inquiries in order to ascertain the opinions, not only "'of the labourers, but of other interested persons.'

"In consequence of this, a Committee of your Council held an Inquiry at "Astwood Bank on July 15th, at Cookhill, on July 22nd, and at Ink- "berrow on July 29th of last year.

"At each of these, when giving evidence in support of my contention that "cottages were needed, I stated that I accepted full responsibility for "the statements I had made in my Reports, and it is gratifying that "the Committees who held these inquiries, as well as the District "Council, have seen their way to support my opinion, as the follow- "ing extract from the Council's 'Minutes,' dated August, 1913, "shows, viz. :

"'The members appointed to hold Inquiries under the Housing of the "'Working Classes Act, at Astwood Bank, Cookhill and Inkberrow "'reported that the Inquiries had been held, and were well attended. "'On each occasion there was an unanimous expression of opinion "'that houses for the working classes were urgently needed.'

"The following is the 'Minute' of the Council, dated October 6th, "1913 :

"'The applications for houses, under the "Housing of the Working "'"Classes" were laid before the Council. Mr. Yeomans proposed "'that houses be provided by the Council where necessary. This was "'seconded by Mr. Waldron, and carried.'

"You will observe that Mr. Watling reports that houses are badly wanted "at Hunt End and Crabbs Cross, and that many men are now "employed at the Enfield Cycle Works. Although, as you know, I "am an advocate of Local Authorities building cottages where there "is a demand which cannot be met by private enterprise, I con- "sider that the demand at Hunt End and Crabbs Cross should be "thoroughly examined, in order to ascertain whether or not it is due "to an overflow from Redditch ; and if there is any probability of the "Enfield Works, which have been closed for so long, being permanently "used.

"If the former state of things obtains, I consider that the Redditch Urban "District Council (who are now building 36 cottages) should meet "the requirements of their own District."

The Clerk of the Feckenham Council writes me (19 Aug., 1914) that the Cookhill Scheme will shortly be proceeded with, and that further enquiries are being made at Inkberrow as to the actual number of cottages needed, and as to what land is available.

Halesowen Rural District (Dr. Brett Young).

"I fear that it will be impossible for this important work to be carried "on as fast as it should be, unless the Sanitary Inspector has more "clerical assistance than he at present receives.

"The house accommodation in the district is not at present sufficient to "meet the demand.

"During the year 35 new houses have been built, of which 4 were at "Cradley, 12 at Cakemore, 5 at Hasbury, 13 at Hill, and 1 at Lapal.

"The demand is mainly for houses of a rental from 4/6 to 5/- per week, "and it is estimated that to meet the present needs of the district, "128 new houses are required, viz :—Cakemore 25 ; Cradley 40 ; Hill "10 ; Lapal and Illey 5 ; Lutley 3 ; Halesowen 5 ; Hasbury 30 ; "Hawne 10."

I commend to your consideration Dr. Brett Young's statement that the Inspector cannot carry out the work properly unless he has more clerical assistance, and that the house accommodation is not at present sufficient to meet the demand.

Kidderminster Rural District (Dr. Bertram Addenbrooke).

"During the year the housing conditions of the district have occupied "a considerable amount of my attention.

"My reports not being very favourable in certain districts, a sub- "committee was appointed for investigation with a view to negotia- "ting means to effectively remove the defects reported.

"The districts visited included Wolverley, Wribbenhall, Rushock and "Cookley.

"The number of new houses erected during the year was three, while six "are in course of erection, but as nineteen were condemned, twelve "closed, five demolished and twelve back-to-back houses converted "into through houses, there is a nett shortage of 39 habitable houses "in the district as compared with the number last year."

Dr. E. H. Addenbrooke—the late Medical Officer of Health—stated in his Annual Report for 1912 that "houses were becoming "scarce at Wolverley and Wribbenhall," but Dr. B. Addenbrooke makes no special reference to this in his Annual Report: but he says "there is a nett shortage of 39 habitable houses in the dis- "trict, as compared with the number last year."

The Sanitary Inspector (Mr. Llewellyn) states:—

"A large number of houses inspected have had repairs carried out."

He also gives details of the work he has supervised.

Martley Rural District (Dr. D. G. Dykes).

"There is no real shortage of houses in any parish. We find the owners "this year are much more willing to carry out alterations than they "were two years ago, or even 12 months ago, and the larger owners "of property are voluntarily remedying defects in order to make "their cottages comply with the Act."

The Sanitary Inspector (Mr. Inskip) says:—

"A good number of cottages in the District have been thoroughly re- "paired and made much more fit for human habitation.

"In many of the houses inspected the windows of the living rooms are "not made to open, and in those that do it is usual to find them "closed when inspections are made, but I am pleased to report that "the practice of opening the bedroom windows is good.

"At present it has not been found necessary to consider any scheme for "new cottages, as the supply meets the demand."

Newent Rural District (Dr. A. G. Higgins).

"This Act has at length been complied with, and a systematic house to "house inspection has been begun, but owing to the size of your "District a complete record will take a long time for accomplish-

" ment. The chief difficulty at present met with is, from one reason " or another getting our recommendations carried out, and I do not " foresee much betterment in tenements of the working classes till " the State finances Cottage Property. The necessary money for " repairs is, as things are at present, as often as not forthcoming."

Dr. Higgins' remarks apply to many Gloucestershire parishes, as Redmarley and Staunton are the only Worcestershire parishes in the Newent District.

Pershore Rural District (County Medical Officer).

" On looking through these ' records ' I find that in 4 instances, viz. : Nos. " 593, 597, 625, 627, the reports state that the ' living room windows " do not open ' and that your Committee have given no directions in " those cases. Furthermore, in the cases of Nos. 553, 559, 578, and " 639, some sanitary defects were ordered to be remedied, but no " order was given about the fixed windows.

" Mr. Moulson states that the Committee gave no instructions as to the " closed windows because the cottages had back and front doors. I " trust the Committee will reconsider this matter, and give orders for " living room windows in question to be made to open. In my opinion " windows of all living rooms should be capable of being opened. I am " aware, of course, that it is a common practice for cottagers to fre- " quently leave their doors open ; but in cold and wet weather this is " not possible, and at such times the ventilation of the living room " must be defective. On the other hand, windows can be opened to a " greater or lesser extent even during wet or cold weather, if the " tenants wish. That cottage tenants appreciate the advantage of " good ventilation much better now than they did even but a few " years back, is evidenced by the fact that at the present time it is " by no means an uncommon thing for them to sleep with their " bedroom windows wide open. If Tuberculosis is to be prevented, " efficient ventilation of dwellings will have to be brought about. " This, I am aware, must be done gradually, but I hope the Housing " Committee will require that all living room windows reported as " not opening, should be made to open.

" Considerable progress was made during the year under Part III. of the " 1909 Housing Act.

" *Pinvin.* A contract for building 16 cottages at Pinvin has been entered " into. The site (about 2 acres in extent) cost £125, and the building " tender accepted was £2,681. The former sum includes £16 for " easements in connection with the sewage disposal.

" *Fladbury.* As the result of Local Inquiry, held at Fladbury, by a " Committee of the District Council, 6 cottages are to be built, and " a site for building (2 acres in extent) has been purchased at £70 " per acre.

" *Cropthorne.* A Local Inquiry was held by a Committee at Cropthorne, " and the Council contemplate building 6 cottages, but a site has not " yet been acquired, as it is thought that the Owners, who have been " approached, ask too high prices. The local District Councillor is " looking about for other sites, but your Clerk informs me that he has " heard nothing further since December 16th last.

" *Peopleton.* 4 cottages are to be built at Peopleton, and 2 acres of land " have been provisionally purchased from the Ecclesiastical Com- " missioners at £60 per acre.

" *Norton-juxta-Kempsey.* The need for cottages at Norton has recently " been discussed, and the opinion of the Parish Council upon the

" question is being invited. Ultimately it is anticipated that a " Local Inquiry will be held.

" *Wyre.* A petition from 16 persons at Wyre has just been received, " and the question is under consideration.

" *Pershore.* The Ecclesiastical Commissioners built 16 cottages at " Pershore during the year, and it is understood that they are contem- " plating building 8 others at an early date. On the other hand the " Commissioners closed 9 cottages in 1913. There is a local opinion " that if several more cottages, which could be let at reasonable rents, " were built, they would readily find tenants."

I am informed that the Pershore District Council have now decided to call upon house-owners to cause all downstairs windows to be made to open.

The Clerk of the Rural District Council wrote (18 Aug., 1914): " Everything has been settled as to building 6 cottages " (at Fladbury), and the architects are preparing the plans which " Mr. Dicks informs me this morning, will be ready in about a " fortnight's time, when the Scheme will be sent to the Local " Government Board asking them to hold an Inquiry.

" *Cropthorne.*—Nothing has been done in this matter as " we were unable to obtain a site at a reasonable figure, and a " letter has been written to the Parish Council informing them " of this, and asking if they can suggest any other sites. The " Council recommended that 6 cottages should be erected here.

" *Peopleton.*—The situation is practically the same as Flad- " bury. We have agreed for the purchase of a site from the " Commissioners.

" *Wyre.*—The Council have purchased $2\frac{1}{2}$ acres of land for " the erection of 6 cottages, and I propose to obtain the sanction " of the Council for the architects to proceed with the plans as " soon as possible.

" *Norton.*—The Council have not yet held their Inquiry at " Norton as Mr. Moulson (Sanitary Inspector) has not yet stated " that he has finished his survey."

Rock Rural District (Dr. A. E. White).

" As far as can be estimated the Housing accommodation is sufficient for " the agricultural population; but if further developments occur at " the Colliery some building may be necessary. The houses generally " are in good condition, but here and there old ones exist that are in " need of renovation."

Shipston-on-Stour Rural District (Dr. G. Findlay).

" Since we began making inspections under this Act 398 houses have " been inspected and records made in the register.

"The work of inspecting, making the records, and serving informal "notices is considerable, but the greatest amount of time and trouble "is taken in following up the work, and seeing that the work done "is in conformity with the directions given.

"The general defects in the cottages in a rural district such as this are "that many of them are very old, really worn out, and generally "dilapidated.

"These are very difficult to repair to make them satisfactory, and the "rent received very small. In some of the better cottages the pantry "accommodation is often defective for want of proper ventilation, "and living room windows are not made to open.

"No cases of overcrowding have been found in the district during the "year.

"In the district, as a rule, there are plenty of air spaces about the houses, "except at Shipston, where some of the houses are very closely built "together.

"From my observations there appears to be plenty of cottages at Alder- "minster and Tredington for the present populations; at Blockley "the rebuilding of four cottages there will relieve any immediate "want at that township.

"I reported last year I considered there was a scarcity of cottages "suitable for the labouring classes of Shipston-on-Stour. On June "12th and 13th, Mr. Collin, an Inspector of the Local Government "Board, visited the district and made an inspection of many of the "houses. In his report he corroborates my opinion. The Council "have now appointed three members to form with three members of "the Shipston Parish Council a joint committee to go into the "matter of the provision of further cottages at Shipston."

The Clerk of the Rural District Council wrote (18 Aug., 1914): "The question of providing Housing Accommodation for "Shipston-on-Stour is under the consideration of a Committee "appointed, who however have not up to the present been able to "secure any land for the purpose."

Stow-on-the-Wold Rural District (Dr. R. E. B. Yelf).

"Informal notices have been given in every case, (where defects were "found) and as a general rule there has been no difficulty in getting "the repairs carried out."

Tenbury Rural District (Dr. A. E. White).

"There were 8 cottages built by private owners and 8 are in course of "erection, this will be of great assistance in the parishes where they "are situated, but there are other parishes where an addition is "needed to meet the requirements of the population. Many old "cottages exist in the district which are very much below the "standard of the views of modern sanitation."

Tewkesbury Rural District (Dr. A. F. Turner).

"An enquiry was held at Bredon as to the necessity for new houses and "the want of a suitable site has up to the present time prevented any "further progress."

The Clerk of the Rural District Council wrote (Aug. 18th,

1914): "The delay in proceeding with this business has been occa- "sioned by our difficulty in obtaining land suitable for the erection "of Workmen's Dwellings, and I am now instructed to take steps "to acquire land compulsorily."

Upton-on-Severn Rural District (Dr. J. S. Cowley).

"I scarcely think it necessary to repeat the remarks made in the Annual "Report for 1912. Some points it may be well to recite. Although "we have many houses whose condition is unsatisfactory there appears "to be no urgent want for additional accommodation. With the "exception of Castlemorton there has been no direct appeal to your "authority signifying on this particular. At present the requirement "is one of alteration or repair, or otherwise substitution. If cottages "ought to be condemned, and many of them are incapable, in my "opinion, of satisfactory improvement, then the natural corollary "in others should be provided. Nearly all of the houses condemned "have been pulled down as absolutely unfit. The heavy cost of "building tends to the cheap cottage. I view this with some concern "as it may mean less substantial and hygienic conditions than desir- "able. Hence the reason for cheap loans, or loans with no interest "for a time only, to be obtained by State aid. The same thing "applies to the small owner, who cannot afford to put his house in "proper order. There are not infrequent instances. Cottages in "rural districts must be let at a low rental, not exceeding 3/6 per "week, even with the hopes of a minimum wage realised. Those "who cannot attain to this will not be able to pay more than 2/- or "2/6 per week and habitations must be found for this class.

"At Castlemorton the original sites were abandoned, but an equally good "site for the 4 houses was decided upon. The cost of the building "was cut down, and the plans were approved by the Local Govern- "ment Board, sanction for a loan of £800 being obtained. There "has been no systematic inspection of the district made, the worst "of the houses are known to the officials and have been seen. If "the head authorities still demand this should be carried out, my "suggestion is that a temporary inspector should be appointed to "do this solely. The present Inspector's time is fully occupied. "Except as a record, the urgency of the inspection does not occur "to me."

It will be observed that Dr. Cowley says "there has been "no systematic inspection. If the Head Authorities demand this "should be carried out, a temporary Inspector should be "appointed."

I know that the Inspector's duties are so onerous that he can devote very little time to work under the Housing Act 1909.

The Clerk of the Upton Council wrote (11 Feb., 1914) "the "Council have appointed an Assistant to the Inspector." The "Assistant" referred to, has been employed by the Upton Council in work connected with sewage disposal and extension of sewers, and he has had no experience of housing matters: consequently he is not compiling the "records."

Winchcombe Rural District (Dr. Wm. Cox).

"Both the Sanitary Inspector and myself have done a large amount of "house-to-house inspection during the year."

The above summaries and comments will, I think, give you some idea of what is being done by the Local Sanitary Authorities and their Officials under the Housing Acts.

The Oldbury and North Bromsgrove Urban, and the Halesowen Rural Districts are also preparing Town-Planning Schemes: but at present these are only in preliminary stages. The Clerk of the County Council and I attended the Local Government Board Inquiries with regard to these schemes, in order to ascertain how far the interests of the County Council are affected.

The Local Government Board, as you are aware, are now taking special measures for improving Housing Accommodation, and it seems probable that the Board will shortly offer Sanitary Authorities, subsidies to assist them in this work.

On February 27th, 1914, the Board issued a Circular Letter requiring Clerks of all Sanitary Authorities to send the Board many "particulars as to inspection of houses and housing con-"ditions."

The Board's questions were as follow:—

"1. The estimated number of dwelling-houses in the District of the "Local Authority.

"2. The estimated number of dwelling-houses within the limit of rent "applicable to the District under Section 14 of the Housing, Town "Planning, &c. Act, 1909 (£16).

"3. The number of dwelling-houses which have been inspected under, "and for the purposes of Section 17 of that Act, and the particulars "required by the Housing (Inspection of District) Regulations 1910, "duly recorded:—

"(*a*) Within the limit of rent applicable to the District under "Section 14.

"(*b*) Above that limit.

"4. By what date can the inspection of dwelling-houses within the limit "of rent above referred to, be completed, and the necessary 'records' "made.

"5. (1) How many of the dwelling-houses inspected were found to be in "a state so dangerous or injurious to health as to be unfit for human "habitation:

"(*a*) Within the limit of rent above referred to.

"(*b*) Above that limit.

"(2) And how many of these houses are still in that state:—

"(*a*) Within the limit of the rent referred to.

"(*b*) Above that limit.

"A schedule identifying the several houses under 5 (2) and, in a "Rural District, arranged under the names of Parishes) should "be annexed.

"6. (1) How many of the dwelling-houses inspected, though not found "to be in a state so dangerous or injurious to health as to be unfit "for human habitation, were seriously defective from the point of

" view of danger to health or structural faults :—

" (*a*) Within the limit of rent above referred to.
" (*b*) Above that limit.

" (2) And how many of those houses are still in such defective condition :—

" (*a*) Within the limit of rent above referred to.
" (*b*) Above that limit.

" A Schedule identifying the several houses under 6 (2) (and in a " Rural District, arranged under the names of Parishes) should " be annexed, and the nature of the main defects should be " briefly indicated in each case.

" 7. The number of vacant houses suitable for persons of the working " classes, and in all respects reasonably fit for human habitation.

" A Schedule of these houses should be annexed giving the following " particulars as to each house, viz. : address (including in a Rural " District, the name of the parish), character (*e.g.* tenement, flat, " &c.), rent, accommodation.

" 8. The number of houses which are overcrowded on the basis adopted " in the Census Returns, viz. : more than two persons to a room.
" A Schedule should be annexed in the case of a Rural District, giving " separate information under this heading as regards each Parish " in the District.

" 9. Number of new houses which, in the opinion of the Local Authority " is required to provide any necessary accommodation for persons of " the working classes in the District, and the nature and extent of " such accommodation, *e.g.* separate houses, tenements, number of " rooms.

" A Schedule should be annexed in the case of a Rural District, giving " separate information under this heading as regards each Parish " in the District, and also in the case of a Borough or Urban Dis- " trict of extensive area showing approximately the part of the " Borough or District where the accommodation is required.

I have set out the information the Local Government Board are asking for, in order that Sanitary officials may be reminded of the information they will probably be asked for next year, because I believe it is not known locally how searching are the investigations they are making; and also because there is little doubt that the Board will investigate the replies they receive. The Board's Officers have already visited several Sanitary Districts in the County, and during the past year one of them made an inspection of the Feckenham District.

I am afraid that some of the Board's questions ask for information which cannot be supplied.

In November, 1913, the Executive Committee of the County Councils' Association in an exceptionally full meeting unanimously passed the following resolution :—

" That it is desirable that County Councils should express their willingness " to act as housing authorities under fresh legislation, subject to " equitable financial provisions, and that they should collect full in- " formation as to the housing conditions within their areas and " should otherwise exercise their existing powers in relation to hous- " ing; and that a supplement to the Official Gazette be issued setting

"out these powers, such supplement to be submitted in draft form to "the next meeting of the Committee" of which Committee Mr. Willis Bund is Chairman.

In accordance with this resolution, the Public Health, Housing, and Small Holdings Committee (of which Mr. Willis Bund is the Chairman) submitted a most valuable and instructive Memorandum to the County Councils' Association, who adopted it.

The policy the County Councils' Association urged County Councils to adopt may be summarised as follows :—

That, in view of the urgent need of improving the housing accommodation throughout the country, the County Councils should make all possible use of their existing powers by

(1) Directing the County Medical Officer of Health to make a thorough independent investigation of the housing conditions throughout the Administrative County, and supplying him with sufficient qualified assistance for the purpose.

(2) Seeing that the County Medical Officer of Health provides the County Council and the Local Government Board with a complete report on every aspect of the case.

(3) Taking action for the remedy of insanitary conditions, firstly, by bringing pressure to bear on the District Councils, by making complaints to the Local Government Board or otherwise, and secondly, if that fails, by undertaking the duty themselves.

(4) Taking similar action with regard to the provision of new houses for the working classes generally.

(5) Using to the full their powers of providing houses for special classes of people, e.g., small holders, teachers, police and roadmen.

(6) Promoting the formation of and assisting Co-operative Building Societies.

It is true that this policy will mean a certain expense to the rates. On the one hand, however, it is to be observed that some of the work, which is optional to County Councils, is obligatory on District Councils, and that therefore, whichever authority undertakes it, the cost will fall on the ratepayers, and that cost is likely to be less rather than more, and the burden will also be more widely spread, if the work is done on a larger scale, by the authority for the larger area. As regards expenditure which is not within this category, it is fully recognised on all sides that the housing condition of the working classes is a crying evil, and that private enterprise cannot cope with it. It is, therefore, a matter which must be dealt with by means of public money, and it is a matter

of such pre-eminently local concern that it should not be left completely in the hands of the central authority. If this is admitted, it necessarily follows that the whole cost cannot be expected to be paid out of the National Exchequer, but that some of it at any rate must be met out of the rates, and surely it will be agreed that there are few, if any, subjects upon which the contributions of the ratepayers are at present expended, which are so likely to promote the health and prosperity of the community, as a policy which will sweep out of existence the insanitary dwellings in towns and villages, improve those which are capable of improvement, and supply wherever needed a sufficiency of healthy cottages at a reasonable rent.

Water Supply.

The following are some of the references to the local water supplies made by the Local Sanitary Officials :—

Bewdley Borough (Dr. Miles).

"During the year the Corporation has commenced to supply the Urban "District of Stourport with water, and an agreement has been made "to supply the parish of Wribbenhall. To meet this increased de- "mand for water a new bore-hole has been made a few yards from "the old one, and a more powerful pumping plant is being laid down. "The water from both bore-holes has been analysed and pronounced "of extremely good quality, and the supply appears to be practically "unlimited. Continuous pumping for 72 hours, with a yield of "20,000 gallons per hour, produced practically no effect on the level "of the water in the bore-hole."

Bromsgrove North Urban District (Dr. Kidd).

"The water supply of the district generally is now very good, the supply "of the East Worcestershire Waterworks Company extending practi- "cally through the whole district, so that it is possbile now to ensure "a pure water supply to any house where a well is found to be con- "taminated. . . . The County Council now undertake analyses "of water for District Councils free of charge, and suggest that the "public supplies should be systematically analysed several times in "each year. I hardly think this will often be necessary in this "district : the Company's water coming direct from deep artesian "wells has invariably been pronounced quite pure when it has been "analysed."

Kidderminster Borough (Dr. H. Moore).

"All the houses in Broadwaters District, which was annexed to our "Borough in 1912, were supplied by private wells, many of which "must have drawn their supply from the surface, as upwards of 30 "of the waters from the wells were analysed, and in only two "instances were the waters reported fit for drinking purposes. We "have since caused every owner to lay on town water."

Stourport Urban District (Dr. Robinson).

"During the year the supply hitherto obtained from Kidderminster Cor "poration has been discontinued and another supply obtained from the "Bewdley Corporation. For all practical purposes, the quality of each "supply is identical, the change being made for motives of economy."

Bromsgrove Rural District (Dr. Coaker).

"Most of the houses in Fairfield Village now draw their supplies from the "extension of the mains (of the East Worcestershire Waterworks Co.) "which were completed last year. The County Analyst next year will "examine all samples of water submitted by District Councils free of "charge, and it is proposed to utilise this concession by systematic "examination of the wells in the villages not supplied by mains."

Blakedown Water Supply.

Dr. Coaker has (in a special report) just recommended that the Stourbridge Water Board be asked to provide the village with a constant supply.

Droitwich Rural District (Dr. Wilkinson).

"Twelve samples of water were sent from Crowle for analysis, 7 were "reported bad, and 5 as fit for drinking purposes."

Evesham Rural District (County Medical Officer).

"A loan of £11,180 has been sanctioned, and the work necessary to "couple up the 'Villages Waterworks' with the Stanway Springs is "now in hand. Water-pipes are also now being laid throughout the "village of Offenham, and very shortly Hampton, Badsey, Wickham-"ford and Aldington, so long supplied with water 'in bulk' by "Evesham Corporation at 1/4 per 1,000 gallons, will be connected "with the villages scheme. An agreement was made with Evesham "Corporation to continue to supply Wood Norton, Chadbury, and "the outlying parts of Norton and Lenchwick parish from March "21st, 1914, for a further period of 10 years at 1/- per 1,000 gallons.

"Towards the end of the year you gave instructions for 12 samples of well "water at Harvington (samples which were considered typical of all "the wells in the village) to be sent to the County Analyst, who re-"ported that they were unfit for drinking purposes.

"The Harvington wells are deep, and I anticipate that even when "cleansed they will not supply water that is fit for potable purposes. "If my anticipations eventually turn out to be correct, local water-"works will have to be provided. How this can best be done is, of "course, a matter for future consideration.

"If Harvington be so dealt with, 14 of the 17 parishes in your district "will have water-works. Few Rural Councils have done so much in "supplying their districts with water-works as you have done. Many "of these parishes have been supplied, not because the supplies were "scanty, but because wells proved to be polluted."

Feckenham Rural District (County Medical Officer).

"Mr. Watling's (Sanitary Inspector) Report shows that considerable effort "has, by your direction, been made during the year to prevent leaking "and defective privies soaking into the subsoil and polluting the wells. "I agree with Mr. Watling's recommendation that further samples be "taken from the Feckenham wells to ascertain what effect the Sani-"tary improvements have had."

Kidderminster Rural District.

Dr. Bertram Addenbrooke refers to the improvement of water supplies at specified houses, and adds:—

"In conjunction with your Sanitary Inspector, I made an exhaustive sur-
"vey of the water supply of Wribbenhall. Ten samples of water were
"taken from the wells in this parish over a wide and scattered area.
"The result was not at all satisfactory, and it was evident that the
"contamination area was fairly general. . . . (We) prepared a
"joint report . . . for the consideration of your Council in May,
"and it is gratifying to report that our recommendations were
"approved by your Council, as also by the parishioners of Wribben-
"hall at a public meeting held on October 29th. . . . We are
"strongly of the opinion that the parish is seriously in need of a
"wholesome water supply, and as it is of the greatest importance, we
"desire to impress upon you the urgency of the question. At the
"same time we feel that the question of a drainage scheme should
"not be lost sight of, as the existing system of dealing with the
"sewage is most unsatisfactory."

The Sanitary Inspector (Mr. Llewellyn) refers to the subject in some detail, and adds :—

"It is unnecessary to refer to this question further on this occasion, ex-
"cept to say that, by your direction Mr. Fiddian, engineer, is now
"preparing a scheme for supplying Wribbenhall with water from the
"Bewdley supply. . . ."

Martley Rural District (Dr. Dykes).

"We have no complaints of shortage of water. . . . A point I have
"been paying great attention to is, the liability of wells to surface
"contamination. A large number have been repaired, tops repaved,
"and woodwork renewed, in order to remedy this defect."

Pershore Rural District (County Medical Officer).

"I said last year, when alluding to the water supplies of Pershore and
"Pinvin, that two sources are available, but the terms offered by the
"owners are as yet deemed prohibitive. I am, however, still sanguine
"that ultimately an agreement will be come to, with one or other of
"them. Such an agreement has not yet been made, but negotiations
"are still going on, and it seems probable that they will very shortly
"result in one being effected."

Shipston-on-Stour Rural District (Dr. Findlay).

"Practically all the houses in Shipston are now connected with the water
"mains. . . . There has been a good deal of trouble during the
"year, caused by the quantity of water not being sufficient, and the
"water supply has had to be cut off at night for some months, giving
"Mr. Gander much extra work. Careful investigations have been
"made, and some underground leakages which were found, have been
"remedied. There is still corrosion going on in the galvanised service
"pipes, and when this takes place in proximity to any old culvert,
"much water may be wasted without any trace of the leakage being
"found on the surface of the ground. There is also a considerable
"waste of water in connection with the automatic flushing tanks at
"the Council School, and I think if these could be removed and
"ordinary two-gallon flushing cisterns put in, and the children taught
"to use them in the ordinary way, there would be less waste of
"water. . . . At present there is no reserve of water in case of
"fire breaking out. . . . At Paxford, a hamlet of Blockley, the
"water supply has been improved, a new spring has been laid on, and
"some of the tanks have been built up and repaired, and new iron

"covers put on to replace the old wooden ones. The supply of water
"is now ample and appears to be quite satisfactory."

Tewkesbury Rural District (Dr. Turner).

"The villages of Bredon, Conderton, Bredon's Norton, Overbury . . .
"receive their water from Bredon Hill. The main supplying Bredon
"has now been extended to the hamlet of Bredon's Hardwick. The
"village of Teddington (has its) supply from the Cotswold Hills. All
"the above villages have a good and sufficient water supply."

Upton-on-Severn Rural District (Dr. Cowley).

"The water supply of Upton-on Severn is the most prominent under the
"heading. It may be interesting to give the details briefly. At the
"end of 1912 this was the position. The Contractors were instructed
"not to continue the boring which had attained to the depth of
"1,635 ft. They were urged to get on with the test as to the
"probable supply without more delay. This was not commenced before
"April 18th and continued up to the early morning of the 2nd of May.
"The 24 hours or daily test showed time actually pumping 330 hours,
"gallons pumped 668,623, average per hour 2,026. The 12 hours
"daily test commenced at 7 a.m., May 2nd, and continued up to the
"evening of May 15th. Time of actual pumping 163 hours, gallons
"pumped 462,738, average per hour 2,838. Mr. Wilcox in his report
"states, 'On May 2nd we were able to pump for a period of $4\frac{1}{2}$
"'hours at the rate of 55,000 gallons per 24 hours without drawing
"'blast.' Again he says, 'On the last day of the test the pumps
"'were purposely run on *blast* for three occasions, somewhere about
"'35,000 gallons is the maximum which can be safely obtained in
"'12 hours.' This amount was considered sufficient for the population
"of the parish likely to require a supply, and it was therefore
"determined to proceed with the scheme. At the initiation it was
"hoped that the supply would be so abundant as to be able to provide
"other portions of the district. The ratepayers of Upton-on-Severn
"are much upset through the heavy additional expense incurred.
"On application for the loan of £10,000 the Local Government
"Board have pointed out that the sum is £1,314 in excess of the
"borrowing powers. This is another unfortunate obstacle, as a
"reduction in the amount means a portion of plan also reduced. In
"making arrangements to adjust this signifies delay."

I am sure you will be glad to notice that water supply questions have received much attention during the year: and it is evident that the necessity for absolutely wholesome water supplies is much more appreciated than it used to be; not only by the Sanitary Authorities, but by local communities.

The Evesham Rural District appreciated this many years back, and few Rural Councils have done so much in supplying their districts with waterworks as they have. Some of the village loans which were obtained for a period of 30 years, have already been paid off.

Your direction to the County Analyst to examine all samples of water sent to him by the County Sanitary Authorities without

charge is much appreciated, and freely made us of; and will certainly lead to water supplies receiving even more attention in future.

The Bewdley Borough Waterworks now supply water to Stourport, as the Stourport Council terminated their agreement with Kidderminster Corporation, "from motives of economy." Apparently Wribbenhall will be also supplied from the same source in the near future; and the Medical Officer of Health for Bewdley (Dr. Miles) says this "supply appears to be practically unlimited." I urged the necessity for supplying Wribbenhall with water, and improving the sewerage in a report I presented to you on 27th July, 1895.

The Kidderminster Corporation have evidently lost no time in improving the water supply of Broadwaters, for Dr. Moore reports that all the owners of the houses in Broadwaters district (which was annexed to the Borough in 1912) were required to lay on town water.

Dr. Wilkinson does not refer to the Crowle (Droitwich Rural District) water supply at length this year, as he has brought it to the notice of this Authority on two or three occasions. Furthermore, the Local Government Board and you are communicating with the Droitwich Rural District about it. The present position is described in a second report the County Analyst and I made to you on August 5th last, which shows that from first to last the County Analyst has analysed 91 samples of water from Crowle; and that 25 of these were fit for domestic use, 55 were unfit, and 11 were considered to be "suspicious."

The County Analyst and I considered that it is practically impossible to exclude surface water from these wells; consequently we recommended that the Droitwich Rural District should be urged to at once retain a Sanitary Engineer to advise them how the village can best be supplied with wholesome water: and you have instructed your Clerk to carry out our recommendation.

Both the Local Government Board and your Clerk communicated with the Feckenham Rural District Council with regard to the polluted wells in the village of Feckenham. The District Council have lately caused the contaminated wells to be protected *as far as practicable* against pollution, and have instructed their Inspector to send further samples to the County Analyst. Should these samples be still unfit for domestic purposes, I do not think there will (if this village is supplied with wholesome water) be any alternative to extension of the water mains from Astwood Bank.

The action the Martley Sanitary Officials are taking in order to protect wells from surface contamination will be of

great use. If surface wells were more generally treated in this way, and the surroundings of the wells thoroughly "clay "puddled," well pollution would undoubtedly be less common than it is at present.

I first called attention to contaminated state of the wells in Pershore as long ago as November, 1893, and the matter has been "under consideration" ever since.

The Clerk of the Pershore District Council has, however, just informed me that the provisional agreement for acquiring suitable springs has been practically settled, and together with the plans has been sent to the Local Government Board.

Unfortunately, Sanitary Authorities possess no compulsory powers for acquiring sources of water, without they obtain an "Act of Parliament": otherwise I believe the Pershore water question could have been settled long ago.

The corrosion of Shipston water-service pipes (referred to by the Medical Officer of Health) is a serious matter, and may, I fear, give the District Council further trouble.

Dr. Cowley's statement with regard to "boring" for water at Upton shows that this work has already caused such heavy additional expenses, that the local ratepayers are "much upset."

Apparently the loan of £10,000 asked for is £1,314 in excess of the borrowing powers, and, as Dr. Cowley says, "arrangements to adjust this signify delay."

Sewerage.

Bewdley Borough (Dr. Miles).

"Owing to the expenses connected with the supply of water to Stourport, "the completion of the Sewerage Scheme for Bark Hill has been "temporarily postponed."

Bromsgrove North Urban District (Dr. Kidd).

"Steady work has been done during the year in connection with the "Drainage Schemes at Rubery and Barnt Green and much benefit "may be expected from these improvements. . . . Most of the "houses . . . have been connected."

Droitwich Borough (Dr. Roden).

"The question of the sewer in High Street is still under consideration; "it is a matter which presents great difficulties, and a proper solution "of these has not yet been arrived at."

Kidderminster Borough (Dr. H. Moore).

"The sewers, although some are slightly deficient in fall, are well ventil-

" ated, and with the care bestowed on them by your Borough Surveyor " are acting very efficiently. Part of the added area (Franche and " Hill Grove Crescent) are already connected with our sewers. During " the coming year we hope that the sewering of Foley Park will be " completed—the sanitary condition of that district is very bad."

Bromsgrove Rural District (Dr. Coaker).

" The sewers at Rednal have been proceeded with during the latter part of " the year, and will be completed early in 1914."

Droitwich Rural District.

The North Claines sewerage scheme is " hung up " until the Worcester City Extension proposals are settled.

The Sanitary Inspector (Mr. Stevens) reports :—

" The relaying of the sewer at Hampton Lovett has been completed during " the year, and the cause of complaint has been removed."

Evesham Rural District (County Medical Officer).

" No sewerage schemes have been carried out during the year. That for " Bretforton has been postponed as the borrowing powers for the " Parish are exhausted in connection with waterworks."

Halesowen Rural District (Dr. Brett Young).

" The whole of the district with the exception of quite a small outlying " rural part is served by the system of the Upper Stour Main Sewerage " Board. All new houses where this system is available are con- " nected."

Martley Rural District.

It is reported that the Martley Council are about to accept a tender for carrying out the drainage work for Hallow.

Shipston-on-Stour Rural District (Dr. Findlay).

" On October 31st, Mr. Hetherington, Local Government Board Inspector, " held a public enquiry regarding the new scheme for sewage works " approved by the Local Government Board, and the necessary notices " have been published. Advertisements have now been inserted in the " newspapers asking for tenders from contractors, and I hope the work " will be carried out at an early date. The old sewers have broken in " in several places during the year and have been repaired."

Upton-on-Severn Rural District (Dr. Cowley).

" Probably few rural districts with comparative population have been called " upon to undertake as many small systems of sewage disposal as this " district has. At Callow End, Powick, at Hanley Swan, at Upton- " on-Severn, at Hanley Church End, at Upper Guarlford, besides " some small ones, systems of drainage have been completed. Others " are in progress or in contemplation at Kempsey, Madresfield and " Lower Guarlford."

" *Powick Village Sanitation.*—The sewerage of the village of Powick has " been finished. This has been done without a loan, and, together " with the water supply, has involved the ratepayers there in an ex- " penditure of more than £1,400. The Local Government Inspectors

" have visited and inspected the work and have appeared satisfied. " The whole of it was planned and superintended by the Sanitary " Inspector, Mr. Price. It will, I feel sure, effect a much needed " improvement in the drainage of this portion of the parish. If, as " expected, the disposal proves effective, the parish will be relieved " from the expense of a pumping scheme."

" *Kempsey Sewerage.*—The work on this drainage has been proceeding " during the year, but my anticipation that it would be finished in " that time has not be realised. The contractor has found great diffi- " culty in its progress owing to the flow of water which is found " where the drift bed of sand lies on the marls. The same thing " occurred at Upton-on-Severn and necessitated the use of steam " pumping continuously. Special (Hassall's) pipes were thought to be " necessary, but notwithstanding these, since they were laid so much " leakage into the sewer was found to be taking place that it is " suggested these should be taken up and iron substituted. This is " causing much delay and additional expense."

" *Madresfield and Guarlford Sewerage Scheme.*—In my last report it " was mentioned that Lord Beauchamp had, independently of your " Engineers, consulted Messrs. Strachan and Weeks and that an " alternative plan had been submitted by them to you. The other plan " and estimates of Messrs. Willcox & Raikes had been approved, and " the sum of the loan £5,000 applied for to the Local Government " Board. Subsequently other subject matter was interposed, which " has postponed further consideration of it, and no decision was arrived " at up to the close of the year."

The Medical Officer of Health for Martley Rural District makes no reference to Hallow Sewerage Scheme. I, however, attended a Local Government Board inquiry at Hallow on 14 February, 1913, with regard to application made by Martley Rural District Council for sanction to borrow the sum of £4,000 for purposes of sewering the village. The scheme was subsequently sanctioned by the Board on condition that some minor alterations were made. The Clerk of the Rural District Council writes me (19 August, 1914), " the tenders for this work are being " considered by the Council at their meeting on Friday next " (August 21, 1914)."

Sewage Disposal.

Droitwich Borough (Dr. Roden).

" The working of the Sewage Outfall Works has been well carried on " throughout the year and there has been no complaint of any smell " arising therefrom, other than that which is unavoidable in the " treatment of sewage, whatever method of treatment is used."

Evesham Borough.

The Borough Surveyor reports :—

" The recent extensions to the Sewage Disposal Works costing about " £9,000 have been completed, and the works are now in good order, " and the effluents from the tanks, contact beds and secondary filters " are at the time of writing very satisfactory. I am building a labor- " atory where the analyses can be carried out under more favourable " conditions. A supply of pure water has just been laid on to the " works."

Malvern Urban District.

The Surveyor (Mr. Thorp) says :—

" Sewage Disposal Works. There is little fresh to add about these, the " effluents are very good, and no complaint as to nuisance has arisen."

Bromsgrove Rural District (Dr. Coaker).

" Some difficulties with regard to the outfall site at Clent have now been " satisfactorily arranged."

Droitwich Rural District (Dr. Wilkinson).

" I understand the Council will shortly make arrangements with the " Borough of Droitwich to receive the sewage of Hill End, Dodderhill, " and that the privies and pail closets in that part of the district will " before long be converted into water closets."

Evesham Rural District (County Medical Officer).

" No complaints were received during the year of any of the sewage outfall " works, and none in my opinion were called for."

Feckenham Rural District (County Medical Officer).

The Sanitary Surveyor (Mr. Watling) reports :—

" *Sewers and Sewage Disposal.*—In the Astwood Bank and Feckenham " districts the sewers have been running satisfactorily. The Broad- " hurst outfalls caused some flooding of the lower meadows and I " recommended the Council to convey the effluent by means of cast " iron pipes across a brook on to another field. This improvement " has been carried out by the Council's men, and a large field is being " irrigated which prevents the flooding.

" The Hunt End disposal works have been kept in order as far as possible. " There are no proper sewers in the roads to convey waste water. " A great many houses have improper drains or no drains at all.

' During the year I have had complaints of defective drains in this district " and which have been difficult to deal with owing to no proper " sewers existing."

Kidderminster Rural District (Dr. B. Addenbrooke).

' The question of a drainage scheme (for Wribbenhall) should not be lost " sight of, as the existing system of dealing with the sewage is most " unsatisfactory."

Pershore Rural District (County Medical Officer).

" The Whittington sewage outfall still turns out a good effluent."

Complaint was made to the Local Government Board by a land owner that these works were a nuisance. So the Local Government Board sent down one of their Engineers and subsequently suggested that the sewage was over-septicised and caused odour. This was because the " septic tank " was designed for a larger quantity of sewage than at present reaches the outfall. I advised that the capacity of the tank could easily be reduced without great outlay, and that it should be arranged to

hold not more than one day's dry-weather flow of the sewage. The Rural District Council promptly ordered this to be done.

Shipston-on-Stour Rural District (Dr. Findlay).

"*Blockley Sewerage.*—The sewage outfall works which are supervised "by the Inspector appear to be acting satisfactorily, the effluent being "bright and clear, and no signs of pollution appear in the stream "below the outfall."

Tewkesbury Rural District (Dr. Turner).

"The villages of Bredon, Kemerton, Overbury, Conderton and part of "Ashchurch are provided with a sewage system, and the drainage is "in a satisfactory condition. The irrigation lands are working well, "The houses at Westmancote are now all connected up and in every "case a new house drain and water closet has been insisted on."

River Pollution.

The crude sewage of Bewdley Borough still discharges into the Severn, as the borrowing powers of the Corporation were exhausted in carrying out their water-works.

It is well-known that the sewage disposal works of Worcester Corporation discharge large volumes of sewage into the Severn from time to time. The Local Government Board are, however, dealing with this troublesome question.

Bromsgrove North Urban District (Dr. Kidd).

"River pollution is, I think, now small in amount in this district, or at any "rate will be very small when the Barnt Green and Rubery drainage "systems are complete. The only remaining stream liable to pollution "is the small stream running through Catshill, and as reported last "year, the worst sources of pollution here in the shape of pigsties, "privies, etc., have been removed after systematic inspection."

Kidderminster Borough (Dr. H. Moore).

"The River Stour flowing through the centre of the town is free from "any injurious conditions. . . . The bed of the River Stour near "the Post Office was cleaned in May last: 53 loads of refuse were "removed."

Lye and Wollescote Urban District (Dr. Darby).

"Nothing has been reported under 'River Pollution.'"

Stourbridge Urban District (Dr. H. W. Freer).

"The Stour is the only river in the district; from which it practically receives no pollution."

Stourport Urban District (Dr. Robinson).

"No serious pollution of the rivers Severn and Stour takes place in this "district."

Bromsgrove Rural District (Dr. Coaker).

"No stream was particularly polluted with direct drainage of sewage, "with the exception of Belbroughton Village; but here the head of "water is so good, that the pollution is not a very great nuisance."

Halesowen Rural District (Dr. Brett Young).

"*Rivers and Streams.*—These used to be polluted with acid waste, but "no case has come under notice during the past year."

Kidderminster Rural District (Dr. B. Addenbrooke).

"A number of inspections were made of the conditions of the various "streams in the district, more especially during the summer months. "One sample of water was taken in regard to river pollution, and that "was from a stream at the Foxholes, Franche, the water from which "was being used for drinking purposes. The tipping of refuse on "the bank of this stream caused the rubbish to roll into it, but the "nuisance was abated, as the whole of the rubbish was removed and "satisfactorily dealt with. The sample submitted to the County "Analyst was certified to be fit for drinking purposes.

"Stream pollution occurred at Wolverley, where the sewage from the "Grammar Schools discharged into the Stour in its crude state, but "this condition has now been remedied. During the year a new "system of drainage has been laid, with a new filter constructed to "receive the sewage therefrom. The effluent, which has been ex- "amined on many occasions, has been found very satisfactory."

Excrement Disposal.

Bromsgrove Urban District (Dr. Kidd).

"If the house inspection could be completed we should be in a position "to order the conversion of any existing privies creating nuisance, "which alone would be a good return for the expense."

Droitwich Borough (Dr. Roden).

"The continued existence of a large number of cesspits and privies within "the town must be prejudicial to health. They are not only offensive "to those who live near them, but also to everyone in the immediate "neighbourhood when they have to be emptied; in the Rural portion "of the Borough they are unavoidable, but within the Town itself "the water carriage system should be generally adopted. Not only "are these accumulations of refuse offensive to the senses, but they are "the great breeding places of flies, which are responsible to a great "extent for the spread of diseases."

Lye and Wollescote Urban District (Dr. Darby).

"I think that if any knowledge can be gleaned from the time and trouble "I took to find out the cause and remedy for this fatal disease, it is "that there is some connection between the open ashpit or privy "midden and diarrhœa.

"I would strongly urge upon you gentlemen, to proceed as speedily as "possible with the conversion of the remaining privy middens into "W.C.'s, and to encourage the use of Sanitary Bins instead of "ashpits.

"A great number of Ashbins are coming into use, I am aware, but since "every summer tells its tale of Infant's Deaths, the sooner the

" refuse heaps are done away with, and the quick removal of house-
" hold refuse which takes place by the use of ashbins, the better.

" Special handbills were issued, as you instructed, setting forth some of
" the causes of diarrhœa, and exhorting the public to personal and
" household cleanliness."

Oldbury Urban District.

The Sanitary Inspector (Mr. Robbins) says :—

" There are approximately 1593 privies still left in the district. . . .
" There are now 5754 W.C.'s."

Redditch Urban District (Dr. Stevenson).

" Both the dry closet and the water closet systems are in vogue in the
" town. Every endeavour continues to be made to lessen the number
" of earth closets. This year 103 were converted, the largest number
" so far, in one year. There are still 1,424 pail closets in the town.
" Efforts will be directed in 1914 to clear out those remaining in the
" central and more closely populated part of the district."

The Sanitary Inspector (Mr. Jameson) says :—

" The number of pail closets converted in 1912 was sixty-four, which
" constituted a record, but the number is greatly exceeded this year,
" as one hundred and three have been similarly treated, and in all
" probability the number will be greater during the coming year."

Stourport Urban District (Dr. Robinson).

" About 100 privies will probably remain permanent because of their
" distance from the sewers, and about another 100 await conversion."

Halesowen Rural District (Dr. Brett Young).

" This is a matter which is receiving very close attention, and continued
" progress is being made in the direction of the conversion of privy
" middens into W.C.'s. During the year 142 privies were converted
" into W.C.'s."

The Sanitary Inspector (Mr. Shaw) says :—

" *Privy Conversion and Drainage.*—This branch of work is of primary
" importance, and has again received a considerable amount of
" attention ; 142 privies were reconstructed and converted into approved
" water closets. Six new water closets erected. 127 sanitary dustbins
" provided. The existence of defective privy middens is one of the
" most prolific sources of serious nuisances, the abatement of which
" can only be accomplished by complete conversion to the water
" carriage system. The importance of reconstruction work is realised
" and constant attention has been devoted and many visits made to
" works in progress, to ensure the carrying out of same in a satis-
" factory manner and in compliance with the Council's Byelaws and
" Regulations."

The Reports—and particularly those made by the Sanitary Inspectors—show that excrement disposal has received a large amount of attention during the year, and that great improvement has been made. It is obvious that injurious privy middens will soon be things of the past in the populous parts of the County, as sanitary w.c.'s are being substituted.

Scavenging.

Bewdley Borough.

Dr. Miles called attention in his 1912 Report, to the unsatisfactory nature of many of the receptacles in which refuse is put in the streets to be collected by the carts, and also to the method sometimes employed for emptying ashpits into the streets. He advised his Corporation to sanction the extra expense that would be entailed by bringing the ashes straight to the carts.

He now says, the remarks which he made last year still hold good; it is to be hoped, therefore, the Corporation may see their way to carry out Dr. Miles's suggestion, as the procedure in vogue is injurious to health.

Evesham Borough.

I trust the large number of defective receptacles will be done away with, and that sanitary dustbins, *having proper covers,* will be substituted. For public health reasons it is essential that the dustbins should be provided with proper covers.

Lye and Wollescote Urban District.

The removal of house refuse and cleansing of privies and ashpits, is said to be better carried out than formerly, and the number of privies is getting less.

Oldbury Urban District.

Dr. Buttery is still of opinion that night-soil removal would be better carried out by the Council's men than by contractors.

Redditch and Stourbridge Urban Districts.

In these districts refuse is got rid of by means of "destructors."

Bromsgrove Rural District.

The parish of Hagley is now regularly scavenged but a similar proposal for the parish of Stoke Prior—recommended by Dr. Coaker—was not proceeded with.

Halesowen Rural District.

Scavenging is done by contract, and Dr. Brett Young says, needs constant supervision by the Sanitary Inspector, who reports that "at times "unsatisfactory conditions have arisen, which one is compelled to say "is due to the part-time contract system."

Kidderminster Rural District.

Scavenging at Wribbenhall has been thoroughly carried out during the year. The removal of the refuse is done under the direction of the Sanitary Inspector.

Shipston-on-Stour.

Dr. Findlay again recommends a system of scavenging for Shipston-on-Stour, as many of the houses are built close together, and garden ground is not available for refuse disposal.

There seems to be difficulty in finding a suitable "tip"; but Dr. Findlay says "perhaps this may be got over when the "new sewage outfall works are established."

The whole of the Urban Districts, and several places in the Rural District, to which reference has not been made, seem to be scavenged in a proper way.

Dairies and Cowsheds.

Dr. H. Moore (Kidderminster Borough) again calls special attention to the necessity of "grooming cows," to which allusion has so often been previously made. He expresses the hope that provisions will be included in the "New Milk Bill" which will enable Local Authorities to insist upon this. The "Milk Bill" having experienced many vicissitudes, has now become an "Act"; but at the time of writing has not been issued in its final shape. Each of the Reports under review allude to "Dairies and Cowsheds" and confirm the well-known opinion that these trades need much improvement.

It is to be hoped, therefore, that the Dairies and Cowsheds will be much better administered under the new "Act" than they now are.

Slaughter-houses.

All the Slaughter-houses in the County were inspected, and apparently are generally kept in as good order as it is possible for such places to be.

Dr. Kidd says that those in Bromsgrove "afford the prin-"cipal centres of nuisance injurious to health in the town." He has for many years advocated the erection of an "abattoir": and Mr. Jameson (Sanitary Inspector) says that several butchers in Redditch have expressed their desire for a similar place, as they could then slaughter under satisfactory conditions.

The Sanitary Inspector of Halesowen Rural District (Mr. Shaw) says "the thorough and efficient inspection of meat and "other foods is practically impossible with private Slaughter-"houses scattered throughout the district, in which slaughtering "is in progress at all times of the day and night, and in some "even during Sunday. The most vigilant inspection is nullified "to a great extent."

As I have more than once previously mentioned, Sanitary Authorities have power to build "abattoirs," but they cannot *oblige* butchers to use them when they have done so.

Meat and Fish.

Kidderminster Borough (Dr. W. H. Moore).

"We have had 24 surrenders and 5 seizures of unsound food during the "year; the total weight being 2,744 pounds."

The Sanitary Inspector (Mr. Cowderoy) says:—

"The total weight of food condemned in the year was 2,744 pounds."

Lye and Wollescote Urban District (Dr. H. C. Darby).

"In connection with the inspection of meat, I think it will be conducive "to a good meat supply if the Inspector of Nuisances held a Meat "Inspector's Certificate."

Malvern Urban District (Dr. C. R. P. Mitchell).

A considerable amount of fish and meat has been condemned in this district, and the Sanitary Officials cautioned two persons with regard to the tainted meat they found on their premises.

Oldbury Urban District.

Dr. Buttery mentions that there has been considerable supervision over the meat supply of the district, and that it is found to be satisfactory. In several cases where the animals were found to be defective the carcases were voluntarily surrendered, therefore he concludes that they have at last arrived at a good understanding with the meat purveyors. Alluding to the fish supply, Dr. Buttery mentions that they have not been troubled with itinerant vendors as they formerly were, as they have learned to avoid prosecution by refraining from hawking fish of a doubtful character.

Redditch Urban District.

Two hawkers were found selling herrings unfit for food, and consequently these herrings were seized and destroyed. As the hawkers obstructed the Inspector in his duties, proceedings were taken for the two offences, with the result that each defendant was fined £5 and costs for having exposed for sale herrings unfit for food, whilst both incurred other penalties for the obstruction.

Mr. Jameson alludes to the conference of the Sanitary Officials in the neighbourhood of Redditch, which I arranged in order to institute a system of co-operation as regards dealing with itinerant fish vendors, and the result, from what Mr. Jameson says, has been successful.

Stourbridge Urban District (Mr. A. Kent).

"Several lots of meat . . . and quantities of fish were surrendered "to me and destroyed."

Stourport Urban District (Dr. E. S. Robinson).

"There is no regular inspection of meat."

Halesowen Rural District (Dr. Young).

Several carcases and two boxes of tomatoes were surrendered.

Kidderminster Rural District.

The Sanitary Inspector (Mr. Llewellyn) says that he is quite of the opinion that the local meat supply is generally of good quality.

Shipston-on-Stour Rural.

The Inspector found one case of herrings, which was voluntarily surrendered, as it was unfit for food.

Many of the other Sanitary Officials mention that they have been on the look out for meat or fish which was unfit for food, but have not met with any.

I said last year that Meat Inspection is so important from a public health point of view that all Sanitary Inspectors should hold Special Certificates with regard to meat inspection. At the present time, of the 29 Inspectors in the County, only 5 (Mr. Jameson, Redditch; Mr. Kent, Stourbridge; Mr. Shaw, Halesowen; Mr. Llewellyn, Kidderminster; and Mr. Holloway, Evesham) have obtained these certificates.

You will recollect that you considered this question at your meeting on the 1st November, 1913, and then applied to the Higher Education Committee for a grant of £30 to pay the travelling expenses of those Sanitary Inspectors in the County who were prepared to qualify for the Special Certificate of Meat Inspection issued by the Royal Sanitary Institute, and at the same meeting you instructed your Clerk to report in what other way, if any, the expenses of the Sanitary Inspectors in doing so could be defrayed.

Unfortunately the Higher Education Committee were unable to make the Grant asked for, consequently you approached the Local Government Board, who replied that they agreed as to the importance of Inspectors of Nuisances obtaining Certificates of qualification in Meat Inspection, and that they were willing to sanction reasonable increases in their salaries awarded in con-

sideration of their obtaining such certificates, and so increasing their efficiency as Inspectors of Nuisances.

From this it appears that no pecuniary assistance could be given Inspectors to enable them to obtain the Certificates, consequently your Clerk wrote to the Local Government Board again on the subject, who replied that they were not aware of any legal authority for the expenditure by a County Council or District Council of any sum to cover the expenses incurred by an Inspector of Nuisances in attending to be coached for, and obtaining a certificate of competency in meat inspection, but, as stated in their letter of the 5th December last, they are willing to sanction a reasonable increase in the salary of the officer awarded in consideration of his obtaining such certificate and so increasing his efficiency as Inspector of Nuisances. There would be repayment from the County Fund in respect of such increased salary.

This was very unfortunate, as many Sanitary Inspectors are not in a financial position which enables them to do so.

By your direction your Clerk addressed a communication to each Sanitary Authority on the question of the importance of Sanitary Inspectors possessing special qualifications in Meat Inspection, and you forwarded them a copy of the Board's letter of the 29 April 1914.

The following are synopses of the replies of all Sanitary Authorities who have answered your communication :—

Bromsgrove Urban.

The Sanitary Inspector holds the Certificate of the Royal Sanitary Institute, which covers Meat Inspection, and that consequently the extra certificate relating to Meat Inspection appears to be hardly necessary.

Bromsgrove North Urban.

In the opinion of the Council it is not expedient for their Sanitary Inspector at present to pass any examination such as the one suggested, owing to the fact that there are only four regular slaughter-houses in the district.

Malvern Urban District.

It was decided to allow the Sanitary Inspector to sit for the examination, and provided he obtains the special qualification, his salary will be increased, temporarily, to recoup the necessary out-of-pocket expenses incurred by him in connection with the matter.

Stourport Urban.

The Council's Sanitary Inspector already holds a Certificate

issued by the Royal Sanitary Institute, which covers Meat Inspection, and as he has had 18 years' experience of the work, the Council is of opinion that the expense which would have to be incurred is unnecessary.

Bromsgrove Rural District.

Council are of opinion that in a Rural District like this, it is unnecessary for the Inspector of Nuisances to obtain the certificate for Meat Inspection.

Droitwich Rural District.

The Council are of opinion that it is not necessary to have a special qualified Meat Inspector for their district.

Martley Rural District.

The Council acknowledged the County Council's communication, and replied that no action was taken in the matter.

Tewkesbury Rural District.

The County Council's letter was laid before the meeting, when it was resolved that no action be taken in the matter.

Upton-on-Severn Rural District.

A reply was received that the Inspector of Nuisances cannot see his way to qualify for the Meat Inspection Certificate.

Hop-pickers.

Martley Rural District (Dr. Dykes).

"*Hop-pickers.*—Special reports were sent to the Local Government Board "as a result of the inspections of accommodation both before and after "the arrival of the hop-pickers. Improvements are noted each year, "and in no single instance could the accommodation be said to "be bad."

"No infectious diseases were notified."

Dr. Dykes did not send a copy of his special report to the County Council, and regrets that no correct copy of it was kept.

Mr. Inskip was good enough to send me a copy of his "Special Report," which give details of the housing for Hop-pickers in the Martley District. He concludes his report with the following "general remarks":—

"On all the farms where required, provision is made for the separation "of the sexes, either by seeing that the pickers are placed in separate "buildings or by the sleeping places being divided by screens or canvas "or wood.

"In all cases fairly good sheds are provided for cooking and drying clothes.

"The privy accommodation is now almost up to the standard required by "the Council's regulations.

"On all the farms an abundance of water is provided for the pickers; in "almost all cases where small numbers of pickers are employed, the "house pump is used as the supply.

"Greater care is now exercised in the clearing away of accumulations of "refuse, and the privies receive more attention, men being appointed "by the growers to give these matters attention.

"No case of infectious disease was notified amongst the pickers."

Pershore Rural District (County Medical Officer).

I said in my last "Digest" (p. 83) that I advised that the Sanitary Inspector be directed to make a Special Report in July or August of each year upon the accommodation provided at the hop-yards in the district, and to visit them while the picking was in progress: and the Rural District Council agreed to my recommendation.

The Sanitary Inspector (Mr. Moulson) reports:—

"I inspected these sheds at the three hopyards at Wick, Fladbury and "Broughton Hackett, both before and during the picking. They "were all lime-washed and supplied with clean straw. Two new "sheds were erected at Wick, and the lighting and ventilation of the "sheds at Broughton Hackett were completed as promised before the "picking commenced, and the privies were made into pail closets "and regularly emptied."

Tenbury Rural District.

No allusion is made in the Annual Reports of the Medical Officer of Health (Dr. White) and Sanitary Inspector (Mr. Jarvis) to the accommodation for Hop-pickers working in the district.

The Local Government Board have just (22 July, 1914) issued "Dr. Farrar's Further Report to the Local Government "Board on the Lodging and Accommodation of Hop-pickers"; and as the report deals with Worcestershire Hop-pickers, I give his "recommendations," viz.:—

"There has been, on the whole, a marked improvement in the accom- "modation provided for Hop-pickers since the date of my previous "Report, but in many respects improvement is still needed, and con- "stant vigilance will be required to insure that proper provision is "made in this respect.

"The following recommendations which have been given in detail in the "body of this Report may here be repeated:—

"(1) Inspection.—Inspection of quarters provided for pickers should in all "cases be made during the fortnight preceding the picking, and also "while the picking is in progress. In any district in which more "than 2,000 'foreign' pickers are employed, an additional Inspector

"should be engaged for the hop-picking season. In some such dis-
"tricts it may be advisable to engage also medical assistance for the
"Medical Officer of Health. The names and addresses of the Medical
"Officer of Health and Inspector of Nuisances should be posted
"conspicuously in each Hop-pickers' encampment.

"(2) Farm Buildings.—When farm buildings are used for the accom-
"modation of pickers, they should in all cases be properly lime-
"washed and cleansed before occupation. Accumulations of manure
"should be removed from the foldyards. Proper provision, by means
"of suitable partitions, should be made for the separation of the
"sleeping places of adult persons of different sexes (other than mar-
"ried couples); the partitions should be constructed with a view to
"avoiding as far as possible the danger of fire.

"(3) Sites for Encampment.—Encampments should be placed in suitable
"situations, preferably on elevated ground, with the ground sloping
"away from the front of the camp. Damp sites should be avoided.

"(4) Tents.—When tents are used they should be in sound repair and
"thoroughly weathertight. The ground round the tents should be
"trenched and drained, and boards or tarpaulin or other water-proof
"material should be placed on the ground. Tents are not suitable
"for occupation by women and children; their use, if they are used
"at all, should be restricted to occupation by men and boys.

"(5) Special Huts.—The huts should be thoroughly weather-proof in con-
"struction; due regard should be had to proper lighting and ventila-
"tion. All windows should be made to open. The roofs of huts
"should be provided with guttering and down-spouting, and rain-
"water from the roof should not be discharged so as to cause damp to
"accumulate in front of or round the hut. It is a good plan that the
"roof of the hut should project so as to form a verandah. Properly
"made paths should be provided along the front of the huts and
"between the huts and cooking sheds. It adds greatly to the com-
"fort and convenience of pickers if a few shelves and pegs for cloth-
"ing are provided in these huts, and if a wooden bench is provided
"on the outside.

"The beds should be raised above the ground, except where the
"floor is of impervious material; wooden frames or bunks are suit-
"able. When these are not provided the bedding should be raised
"by means of hop bines or hurdles, and should not in any case be
"less than three inches above the floor level. The object of this is to
"prevent bedding straw being in contact with damp soil. To minimise
"the risk of fire it is advised that straw used for bedding should be
"enclosed in mattresses of sacking or similar material. Use of naked
"lights in Hop-pickers' quarters should not be permitted. Lamps
"should be provided (hurricane lamps are of a suitable type for this
"purpose).

"(6) Water Supply.—The water supply should be free from pollution, and
"in no case be at a greater distance than 220 yards from the furthest
"hut. The ground round any wells, springs or standpipes should be
"properly paved and drained, and in the case of dip wells, steps lead-
"ing down to the water should be provided.

"(7) Cooking Sheds.—Cooking Sheds properly covered in and furnished
"with chimneys should in all cases be provided. The proportion of
"these should be such as to allow a separate fire-place for every 15
"pickers. The floor of the cooking sheds should be protected from
"damp, and it is a convenience if benches and tables are provided in
"these sheds.

"(8) Sanitary Conveniences.—Privy accommodation, suitably screened and
"protected should be provided in due proportion to the number of

"pickers. The number of sanitary conveniences should not be less "than one for every twenty persons. Those for men and for women "should be placed well apart on different sites and should be dis- "tinctly labelled "Men" or "Women" as the case may be.

"(9) Scavenging.—In each camp a person should be appointed by the "grower to attend to the sanitary conveniences, and to prevent the "accumulation of or to take up any refuse that might be lying about "in the camps. Proper receptacles should be provided for the deposit "of refuse food or other waste material.

"(10) Créches.—To obviate the risk of accident to young children, a "woman should be appointed in each camp to take charge of young "children and infants who may be left in the camp while their parents "are engaged in picking.

"(11) Nurses.—Much good work can be done by trained nurses engaged "to visit the camp during the progress of the picking to attend to "minor ailments or accidents, and to report any serious cases of illness "or accident that may occur. District Councils should consider whether "by communication with voluntary nursing associations or in other "ways they can facilitate the appointment of such nurses.

"(12) Children.—Suitable action should be taken where children are found "to be suffering from contagious skin diseases or in a grossly "verminous condition.

'(13) Inspection of Food.—It is very important that constant inspection "should be made of all food supplies exposed for sale to Hop-pickers.

"(14) Byelaws.—Byelaws respecting the accommodation of Hop-pickers "and also relating to tents, vans and sheds, should be adopted and "enforced in all Rural Districts in which 'foreign' pickers are en- "gaged. In particular the code for Hop-pickers should be adopted "in the Rye, Bromyard and Ledbury Rural Districts; Byelaws now "in force in certain districts may usefully be examined with a view "to improvements being adopted.

"(15) Occupation of Hop-pickers' Huts at times other than the Hop- "picking Season.—As in many districts farm buildings and hopper "huts are known to be occupied at present for periods of several "months, and even during the entire year, steps should be taken by "the District Councils concerned to ascertain to what extent this "practice obtains in their own districts, and to prevent the continuous "occupation of such buildings or huts.

"Where huts are occupied for long periods by casual labourers, it is an "indication that additional cottages require to be provided."

Factories and Workshops Act 1901.

My statement last year that "most of the Annual Reports "contain brief references to the work carried out with respect to "the 'Workshops,' but little is said about the 'sanitary con- "'veniences' of factories," still applies.

Dr. Darby (Lye) states in his Annual Report for 1912, that no special provision had been made for means of escape in case of fire, as required under the Factory and Workshops Act; consequently his Council took the matter in hand, and the Surveyor was instructed to visit all places coming under the Act, and to prepare plans, etc., where necessary, in order to have the work carried out.

I may remind you that with regard to the safety from fire at factories, the Act only applies to those in which more than 40 persons are employed.

Redditch Urban District.

This is essentially a factory town, and 356 visits were paid by the Sanitary Inspector under this Act. Twenty-five notices were received from H.M. Inspector of Factories, all of which received proper attention.

As ninety-four employers had not sent in Lists of Out-workers as required by the Act, letters were sent asking them to do so : the result of which was, that the names and addresses of 275 " out-workers " were sent in. These persons have, as far as possible, been visited, and the names and addresses of those residing in the adjoining districts have been forwarded to the respective Inspectors.

Details of the work carried out by Sanitary Inspectors under this Act will be found in Table XVII.

Schools.

School Closure.

Seventy School Closures in the Administrative County were necessary owing to the prevalence of the following diseases, viz. :

Measles	33
Scarlet Fever	8
Whooping Cough	8
Chickenpox	6
Mumps	4
Diphtheria	2
Infectious Sore-throats	1
Impetigo, Scarlet Fever and Sore-throats	1
Epidemic Influenza	1
Disinfection after Scarlet Fever	1
Measles and Mumps	1
Whooping Cough and Chickenpox	1
Measles and Influenza Colds	1
Scarlet Fever and Measles	1
(a) Taking Swabs, (b) Diphtheria, Mumps, Colds, and illness of Staff	1
	70

87 Closing Orders were issued in 1912, and 130 in 1911.

The School Medical Inspectors continue to report to me, as School Medical Officer, any obvious defects in the Schools which

come to their notice. After consideration, I send these to the Director of Education to be laid before the Education General Purposes Sub-Committee, who supervise School Sanitation. This question is dealt with at some length in my Sixth Annual School (1913) Report, pages 8-10.

As Dr. Findlay (Shipston-on-Stour) reported that waste of water was going on at the Shipston-on-Stour Schools, I called the special attention of the Director of Education to what he said.

Offensive Trades.

Apparently there are comparatively few "Offensive "Trades," as defined by Section 112 of the Public Health Act 1875, in the County, as few of the Reports contain references to them.

Canal Boats.

As Canals in the County are few, the Reports contain few references: evidently, however, these boats are inspected in Bewdley Borough, Droitwich Borough, Kidderminster Borough, Oldbury Urban, Stourport Urban, Bromsgrove Rural (Southern Division), Droitwich Rural, Kidderminster Rural, Pershore Rural, Tewkesbury Rural, and Upton-on-Severn Rural Districts.

The tabular statement (Table XVII.) shows the work the Sanitary Inspectors have carried out.

Byelaws.

I mentioned in my last "Digest" that some of the local building Byelaws had been in force for long periods, and presumably they could be revised with advantage.

Consequently, at your meeting held 1 November, 1913, you directed your Clerk to send a communication to those District Councils whose Byelaws were adopted more than seven years previously, suggesting the desirability of revising them.

Communications were sent to the Bromsgrove, Droitwich, Halesowen, Martley, Pershore, Tenbury, and Upton-on-Severn.

These are summaries of the replies received from the respective Clerks :—

Bromsgrove Rural District Council (23 January, 1914).

"This Council have already revised their byelaws, but the suggested "alterations are very few and relate chiefly to the use of concrete "slabs, etc. in building, which the present byelaws do not provide for. "As soon as time will allow, the amended byelaws will be submitted "to the Local Government Board for approval."

Droitwich Rural District (28 January, 1914).

"The Committee of this Council have under consideration the advisability "of revising the building byelaws now in force in this district."

Halesowen Rural District (23 January, 1914).

"The Council have prepared a draft of fresh byelaws as a consequence "of a circular received from the Local Government Board some time "ago. These draft byelaws are now before the Board."

Martley Rural District (Dr. Dykes).

"The building byelaws referred to by Dr. Fosbroke in his last 'Digest' "are only applicable to St. John's: (26 July 1882). I think these "should be revised and extended to the whole Martley area."

Pershore Rural District (28 January, 1914).

"This matter was referred to the General Purposes Committee for their "consideration and report. I may mention that some time ago my "Council considered the Local Government Board's revised model "byelaws, but failed to get the Board to approve the Council's "revised byelaws."

Rock Rural District (Dr. White).

"Although there is so little building done, I hold, that the adoption of "building byelaws would be of great benefit to the district and prevent "many cases of imperfect drainage and sanitary accommodation."

Shipston Rural District (Dr. Findlay).

"Slaughter houses. . . . I think it would be very useful if the Council "would adopt some byelaws for these places. . . . There are no "building byelaws in the district, but there is also a complete absence "of speculative building."

Tenbury Rural District (26 January, 1914).

"The Council have drafted building byelaws for their district and sub- "mitted same to the Local Government Board for approval. They "will probably be approved and adopted within the course of the next "month or two."

Upton-on-Severn Rural District (11 February, 1914).

"The question of adopting a scheme of new building byelaws has been "before the Committee, when they decided not to proceed further with "the matter at present. Your letter has been referred to the Com- "mittee to go into the question again."

Administration of Midwives Act 1902.

In order to comply with the requirements of the Local Government Board, that County Medical Officers should report annually upon the administration of the Midwives Act, I give the following extracts from the "Ninth Report of the Midwives Act "Committee"—(to whom the County Council delegated their power)—to the County Council:—

Number of Midwives in the County.

On the 1st January 1913, there were 252 certified Midwives on the County Roll. Since then 3 have died, 6 have retired and 29 have left the County. 47 new Midwives gave notices of their intention to practise; but 22 of those who were on the Roll in 1912, did not do so. On the 1st January 1914 there were 239 Midwives on the Roll.

The Worcestershire Midwives work in the following Sanitary Districts :—

Urban Districts—

	Midwives.	No. of Births* Notified.	Still-Births.
Bewdley	1	74	1
Bromsgrove	4	259	7
Bromsgrove North	3	173	1
Droitwich Borough	4	87	5
Evesham Borough	7	175	9
Kidderminster Borough	10	617	16
Lye and Wollescote	5	347	21
Malvern	7	236	4
Oldbury	25	1088	19
Redditch	9	333	10
Stourbridge	10	456	18
Stourport	5	98	4
	90	3943	115

Rural Districts—

	Midwives.	No. of Births Notified.	Still-Births.
Bromsgrove	14	297	6
Droitwich	18	237	5
Evesham	12	213	3
Feckenham	9	96	2
Halesowen	14	824	13
Kidderminster	4	148	2
Martley	19	293	8
Newent	2	31	2
Pershore	19	274	6
Rock	3	40	—
Shipston-on-Stour	7	116	3
Stow-on-Wold	1	—	—
Tenbury	7	106	1
Tewkesbury	3	40	1
Upton-on-Severn	17	226	6
Winchcombe	—	2	—
	149	2943	58

The following Table shows the number of trained and untrained Midwives practising in the County during the years 1909-13 :—

	1909.	1910.	1911.	1912.	1913.
Trained Midwives certified by Examination - - -	78	94	95	104	105
Untrained Midwives certified as being in bona fide practice prior to 1901 -	173	172	158	148	134
Totals -	251	266	253	252	239

Illegal Practice.

Two years have elapsed since it was necessary to take legal proceedings against any woman for illegal practice; and there is no doubt that the Act is now being generally complied with.

Inspection of Midwives.

Each of the Midwives has been visited, and some of them two or three times, by the two Medical Inspectors, whose Reports are appended. Improvement in the practice of the County Midwives is due to the constant supervision they receive. The Inspectors seldom have to report to the County Medical Officer any infringement of the Rules. With three or four exceptions, who are illiterate, the Midwives carry out their duties satisfactorily. We still find, however, that constant supervision has to be maintained, in order to prevent a recurrence of laxity on the part of some Midwives, particularly among those who are untrained.

Infringement of Rules.

In only one instance was it necessary (see par. 22) for the County Medical Officer to caution any Midwife for any serious breach of the Rules. With this exception all admonitory letters had reference to failure to send in requisite notifications.

Powers of Local Supervising Authorities.

We are informed that the County Councils' Association are endeavouring to obtain additional powers to enable Local Supervising Authorities to suspend Midwives for other purposes than disinfection. If these powers are obtained they will materially facilitate administration of the Act.

Cases attended by Midwives.

The County Medical Officer has again obtained the following information from Midwives as to their work during 1913 :—

A. *Number of Births attended by Midwives.*

The returns made by the Midwives shew that :—

(1)	13	Trained Midwives	attended	No case.	
	54	,,	,,	1 to 10	cases.
	22	,,	,,	11 to 20	,,
	6	,,	,,	21 to 30	,,
	3	,,	,,	31 to 40	,,
	1	,,	,,	41 to 50	,,
	4	,,	,,	51 to 75	,,
	1	,,	,,	76 to 100	,,
	1	,,	,,	101 to 150	,,
(2)	19	Untrained Midwives	attended	No case.	
	62	,,	,,	1 to 10	cases.
	14	,,	,,	11 to 20	,,
	11	,,	,,	21 to 30	,,
	4	,,	,,	31 to 40	,,
	8	,,	,,	41 to 50	,,
	6	,,	,,	51 to 75	,,
	5	,,	,,	76 to 100	,,
	5	,,	,,	101 to 150	,,

The County Midwives attended 4,091 lying-in women last year, i.e. 59 per cent. of the total births, reported under the Notification of Births Act 1907.

B. *Medical Aid Records.*

The following Tables show the number of instances where trained and untrained Midwives respectively advised that Doctors should be sent for :—

(1)	46	Trained Midwives	sent in	No notice.	
	24	,,	,,	1	,,
	12	,,	,,	2	notices.
	8	,,	,,	3	,,
	5	,,	,,	4	,,
	8	,,	,,	5 to 7	notices.
	2	,,	,,	8 to 15	,,
(2)	84	Untrained Midwives	sent in	No notice.	
	21	,,	,,	1	,,
	11	,,	,,	2	notices.
	2	,,	,,	3	,,
	3	,,	,,	4	,,
	11	,,	,,	5 to 7	notices.
	2	,,	,,	8 to 15	,,

The following Table compares the numbers of such notices during each of the years 1908-13 :—

1913.	1912.	1911.	1910.	1909.	1908.
303	318	329	210	177	161

C. *Still-births.*

The "still-births" reported were as under :—

	1908.	1909.	1910.	1911.	1912.	1913
Notified by Midwives	68	92	139	150	191	173
Notified by Doctors and Parents -	—	40	142	129	85	91
Totals -	68	132	281	279	276	264

D. *Deaths of Mothers and Infants.*

Each of the seven deaths of mothers or infants reported last year was investigated by the Medical Inspectors; but in no instance was it necessary for your Committee to take any action.

Laying out of Dead Bodies.

Under Rule 17, 28 notices were received from Midwives, that they had laid out dead bodies. In each instance disinfection was carried out as required by this Rule.

Puerperal Fever.

It is extremely gratifying to be able to report that only one case of Puerperal Fever occurred in the practices of Midwives during 1913. The following Table shows that such cases appear to be decreasing; and there is little doubt that this satisfactory state of things is accounted for by the fact that the number of untrained Midwives is decreasing :—

In 1913 - - - -	1	case.
,, 1912 - - - -	10	cases.
,, 1911 - - - -	8	,,
,, 1910 - - - -	12	,,
,, 1909 - - - -	15	,,
,, 1908 - - - -	13	,,
,, 1907 - - - -	18	,,

Training of Midwives.

The Annual Grants made by the Higher Education Committee have enabled your Committee to train 46 women during the past seven years. 43 of these have obtained the Certificate of the Central Midwives Board; two failed to do so, and one after short training was found to be unsuitable.

At the present time, 105 of the 239 practising Midwives in the County are trained, i.e. 43 per cent. of the Midwives in Worcestershire are now trained, as compared with 7 per cent. in 1905.

This large and happily increasing number of trained Midwives in the County is very gratifying and undoubtedly will have

a very beneficial determining effect on the health, not only of the poor parturient women themselves, but on the health of the future generations of the country.

Your Committee have been enabled to undertake the training of these Midwives through a Grant from the Higher Education Committee; originally this Grant was £200, which was reduced two years ago to £100. Your Committee now understand that there is a fear, owing to certain financial adjustments, that this annual Grant may be withdrawn. They would point out that there is no other source from which a Grant, for the purpose of training Midwives, can be obtained, and the withdrawal of the Grant would entirely stop the work the Committee are doing in this respect. They therefore would strongly urge the great necessity that exists for the continuance of the Grant.

Insurance Act.

Dr. Housman reports that "the financial aspect of practising Midwifery for gain has undergone a great improvement, owing to the security of payment resulting from Insurance Benefit."

Inquiries.

Two special Inquiries were held by the Chairman during the year with respect to charges against Midwives, and a third would have been necessary, had not the Midwife in question retired from practice.

In one of the former, the Committee decided on the advice of the Chairman that no further action was necessary; and in the other the Committee reported the Midwife to the Central Midwives Board, who have decided to remove her name from the Roll.

Notification of Changes of Address &c.

Many notifications of changes of address have been received and the deaths of three certified Midwives have been reported to the Central Midwives Board.

County Chemical and Bacteriological Laboratories.

During the Year (1st January to 31st December 1913) the total number of Samples received for analysis, Chemical and Bacteriological, was 6,368. They may be divided as follows:—

Chemical.

Fertilisers and Feeding Stuffs	284
Food and Drugs	1691
Miscellaneous	63
Sewage	25
Water	466
Total Chemical	2529

Bacteriological.

Diphtheria	2266
Miscellaneous	147
Ringworm	363
Tubercle	773
Typhoid	66
Water	224
Total Bacteriological	3839

Food and Drugs.

Under the Sale of Food and Drugs Acts, 1223 samples were taken.

The County Police took 1,135 samples, of which 51 were adulterated.

The Sanitary Authority of the City of Worcester took 88 samples, of which 8 were adulterated. The samples were adulterated to the extent of 4·8 per cent., as against 3·9 per cent. in 1912 and 5·3 per cent. in 1911.

The following Drugs were found to be adulterated, Ammonium Carbonate and Sweet Spirits of Nitre.

In the County 15 samples of Milk out of 255 were adulterated, and proceedings were taken in nine of the cases, fines being inflicted varying from 2/6 to £5.

In the City of Worcester, 3 samples of Milk out of 57 were returned as adulterated, and fines &c. were inflicted to the amount of £13 2s. 6d.

On the whole the quality of the Foods and Drugs sold in the County may be considered to be fairly satisfactory. Samples of Sweet Spirits of Nitre (a drug) were on several occasions under the standard of the British Pharmacopœia. The Vendors were proceeded against and fined, with the result that the quality of the drug rapidly improved.

As regards Rice, which was specially reported upon in my 11th Annual Report (1909), the presence of a Polishing Material, such as Talc, is still noticeable, but in quantity under that recommended as a maximum by the Local Government Board.

The Samples of Butter, Lard and Cheese were satisfactory as regards Foreign Fat. Paraffin Wax was carefully examined for in most samples, but with negative results. Only two samples of Butter contained Foreign Fat.

Bacteriological Department.

During 1913, 3,839 specimens were received for Bacteriological examination. There was an increase in the number of swabs sent in for examination for Diphtheria and a considerable decrease in the number of specimens sent in for examination for Ringworm.

During the last five years the number of specimens of Sputa sent in by Medical men to be examined for the Tubercle Bacillus has rapidly increased. The numbers are as follows :—

1909.	1910.	1911.	1912.	1913.
280	356	349	542	773

There has been a considerable increase in the number of specimens sent for examination in order to isolate the micro-organism causing trouble. Pure cultures of the various organisms have been obtained so that vaccines could be prepared. These examinations have developed considerably, and require much detailed work.

The County Bacteriologist again calls attention to the fact that many specimens are sent to him by medical men, who do not state the nature of the examination required. A short statement as to the nature of the specimen and the examination required, with name and address of sender, should be enclosed with all specimens, or if specimens and letters are sent under separate cover, the specimen should be marked so that it can be readily identified.

TABLE XVII.

Shewing Sanitary Work done in the Sanitary Inspectors' Department during the year 1913, in the County of Worcester.

District	Infectious Diseases: No. of houses disinfected after notifiable disease	Lots of bedding, clothing, &c., disinfected or destroyed	Compensation paid for destruction	Cases of illegal exposure reported (P.H. Act 1875, Sec. 26)	Houses (Housing, Town Planning etc. Act, 1909): No. of houses erected	No. of houses inspected	No. represented as unfit for habitation	No. of Closing Orders made by the Local Authority	No. of Closing Orders that became operative	No. of defects remedied without Closing Orders	No. of defects remedied after Closing Orders	No. of Closing Orders determined	No. of houses demolished	No. of Orders to execute work under Section 15	No. of Orders to execute work under Section 15 complied with	No. of yards paved or repaved	No. of cases of overcrowding abated	Moveable Dwellings, Caravans &c.: No. observed	No. dealt with as insanitary
Urban Districts.																			
Bewdley Borough	13	–	–	–	–	46	3	3	–	–	–	–	–	3	2	10	2	–	–
Bromsgrove	19	1	–	–	–	36	–	–	–	86	–	–	4	7	6	3	–	–	–
Bromsgrove North	27	–	–	–	8	193	–	–	94	–	–	–	–	–	–	–	1	–	–
Droitwich Borough	21	21	1	N	11	32	–	–	–	48	–	–	–	–	–	6	–	–	–
Evesham Borough	110	110	–	–	24	63	1	–	–	40	–	–	–	–	–	7	1	38	–
Kidderminster Borough	57	434	–	–	48	878	44	37	37	821	–	–	2	–	–	13	14	–	–
Lye and Wollescote	52	–	–	–	14	311	18	18	9	1114	67	4	2	60	37	85	11	–	–
Malvern	102	40	–	1	–	142	7	5	5	900	16	1	1	–	–	40	1	–	–
Oldbury	113	117	–	–	93	405	12	12	12	1053	88	7	5	–	–	40	11	30	N
Redditch	–	–	–	–	–	132	–	–	–	–	–	–	–	–	–	–	–	–	–
Stourbridge	69	400	–	–	29	682	64	64	48	2352	576	18	9	6	3	222	5	32	5
Stourport	22	–	–	–	11	69	1	1	1	114	–	–	–	–	–	–	–	1	1
Rural Districts.																			
Bromsgrove (N.)	36	–	–	–	12	86	–	–	–	48	–	–	–	–	–	2	–	–	–
Bromsgrove (S.)	28	–	–	–	23	86	5	–	–	5	–	–	2	–	–	23	1	–	–
Droitwich	27	1	–	–	14	124	17	8	5	105	19	3 (a)	1	1	2	6	1	12	N
Evesham	43	43	–	–	69	112	22	20	20	29	–	–	10	7	4	17	13	1	1
Feckenham	31	31	–	–	7	201	25	3	5	–	–	–	2	178	100	58	5	2	–
Halesowen	203	201	–	–	37	340	1	1	1	1978	–	–	–	185	120	92	2	18	1
Kidderminster	83	349	–	–	3	133	31	12	12	23	29	29	5	–	–	101	14	11	3
Martley	46	–	–	–	10	297	4	4	4	32	4	4	–	5	5	12	8	12	–
Newent (part)	11	–	–	–	6	45	2	4	3	2	1	1	–	1	1	–	2	–	–
Pershore	87	1	–	–	15	254	10	–	–	–	–	–	7	32	20	5	6	40	–
Rock	1	–	–	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Shipston-on-Stour	23	–	–	–	–	206	19	–	–	120	–	–	–	–	–	8	–	–	–
Stow-on-Wold (part)	1	–	–	–	–	6	1	1	–	–	–	–	–	–	–	–	–	–	–
Tenbury	2	2	–	–	8	50	4	5	3	3	–	2	–	18	10	1	2	–	–
Tewkesbury (part)	10	57	–	–	–	155	4	4	–	74	–	–	1	–	–	–	4	7	–
Upton-on-Severn	53	(d)3510	–	–	3	72	8	8	7	–	–	–	8	–	–	–	–	–	–
(c) Winchcombe (part)	16	–	–	–	6	311	15	15	7	10	7	7	–	–	–	9	2	–	–

District	House-drains: No. laid or relaid	No. trapped, ventilated and repaired	No. of obstructed drains dealt with	No. of house-drains tested	No. of insanitary lavatories, sinks and urinals rectified	No. of urinals on licensed premises inspected	No. of dumb wells rectified	Water Closets: No. of additional W.C.'s provided	No. repaired, ventilated and supplied with water	Privies and Ashpits: No. of additional privies and ashpits provided	No. of pail closets and privies converted to W.C.'s	No. converted to pail-closets	No. repaired	Scavenging: No. of houses from which refuse was removed	No. of privies and ashpits cleansed	No. of portable receptacles cleansed	No. of loads of ashes and excrement removed	How often is house refuse removed
Urban Districts.																		
Bewdley Borough	40	19	–	–	13	12	2	–	9	–	–	1	20	–	–	2430	–	W
Bromsgrove	4	10	19	–	4	1	–	–	7	–	5	–	3	–	2242	16664	2275	*
Bromsgrove North	2	38	–	–	–	16	3	–	–	–	13	–	15	–	–	–	–	–
Droitwich Borough	3	2	6	16	4	–	–	21	17	–	–	–	–	899	551	24700	1388	W
Evesham Borough	36	33	27	36	12	25	5	34	38	–	2	1	1	1921	–	4	18	W
Kidderminster Borough	–	52	428	32	47	75	5	13	82	–	3	–	3	–	3334	158174	6811	W
Lye and Wollescote	20	14	284	–	135	10	2	15	10	–	153	–	–	2071	3684	W 650	4828	
Malvern	56	26	7	–	117	10	4	7	121	–	3	–	–		Weekly collection			
Oldbury	175	23	124	4	15	41	–	5	19	N	163	N	71	7984	7882	144299	–	W
Redditch	–	4	–	–	–	–	–	–	–	–	103	–	–	–	–	–	–	–
Stourbridge	58	41	30	18	75	12	1	14	84	–	2	–	11	6166	3675	85644	3893	*
Stourport	127	127	12	127	50	–	–	16	–	–	116	–	–	1057	1487	11140	1652	§
Rural Districts.																		
Bromsgrove (N.)	15	6	6	15	3	5	3	29	–	4	20	8	4	¶ 310	48	729	106	W
Bromsgrove (S.)	36	5	2	28	3	14	3	21	6	2	–	4	–	–	10	–	–	
Droitwich	45	19	–	59	14	32	9	4	1	9	–	22	8	–	24	–	–	
Evesham	97	31	33	81	17	6	5	56	27	13	10	17	23	–	–	–	–	
Feckenham	32	19	20	51	39	8	6	4	7	1	2	43	43	479	319	–	741	M
Halesowen	35	82	79	43	35	38	–	6	35	–	142	–	8	13717	13459	39238	13003	W & Q
Kidderminster	91	133	41	125	45	29	72	5	88	14	21	32	95	340	3129	13862	492	W
Martley	18	19	9	–	14	15	9	–	2	10	N	7	17	112	2	112	52	W
Newent (part)	21	4	8	18	–	1	–	14	5	5	4	4	4	–	13	–	–	–
Pershore	9	20	6	18	–	–	4	–	–	8	–	7	17	–	441	1948	961	(c)
Rock	2	–	–	–	–	13	–	1	–	1	–	4	–	–	–	–	–	–
Shipston-on-Stour	10	36	15	2	3	18	–	3	3	–	–	–	–	–	–	–	–	–
Stow-on-Wold (part)	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Tenbury	8	3	9	16	10	14	–	6	5	–	5	3	4	299	–	–	481	W
Tewkesbury (part)	143	58	5	106	9	11	7	53	11	6	19	3	11	–	–	–	–	–
Upton-on-Severn	22	–	4	30	3	14	–	18	8	–	12	2	2	–	–	–	–	–
(c) Winchcombe (part)	68	32	8	68	24	4	–	20	3	–	43	79	6	–	53	–	–	–

District	Smoke Nuisances: No. under observation	No. abated	Offensive Trades (Sec. 112 P.H.A. 1875, Sec. 51 P.H.A.A.A. 1907): No. under observation	No. improperly conducted	No. newly established, with consent of Council	Water Supply: No. of wells sunk	No. of wells cleansed and repaired	No. of wells closed as polluted	No. of disused wells abolished	No. of houses supplied from waterworks during year	No. of samples of water sent for analysis	No. of houses with contaminated or deficient water-supplies dealt with	No. of houses erected or rebuilt, for which water certificates were given	Slaughter Houses: No. registered	No. licensed	No. cleansed and repaired	At what intervals is each inspected	Cases of slaughtering on unlicensed premises reported	Are Byelaws in force thoroughly carried out
Urban Districts.																			
Bewdley Borough	–	–	–	–	–	–	–	1	–	4	3	1	–	3	1	4	V	–	–
Bromsgrove	1	1	–	–	–	–	–	–	2	20	–	–	–	10	10	10	V	–	Yes.
Bromsgrove North	2	–	–	–	–	–	–	2	–	16	10	4	–	3	3	3	M	–	Yes.
Droitwich Borough	–	–	1	–	–	–	–	–	1	14	4	3	11	1	5	6	V	–	Yes.
Evesham Borough	1	1	–	–	–	–	–	1	–	2023	17	3	–	4	–	4	V	–	Yes.
Kidderminster Borough	1	1	7	–	–	–	–	35	–	–	40	–	–	12	12	17	W	–	Yes.
Lye and Wollescote	–	–	–	–	–	–	1	–	–	16	–	–	–	9	4	3	Q	–	–
Malvern	–	2	–	–	–	–	–	1	–	20	14	44	–	11	11	11	Q	–	Yes.
Oldbury	–	–	3	–	–	–	–	5	1	130	15	10	N	6	4	10	W	N	Yes.
Redditch	3	3	–	–	–	–	–	–	–	–	–	–	–	–	6	–	F	–	–
Stourbridge	–	–	20	1	–	–	–	1	4	–	1	123	–	–	13	13	I	N	No.
Stourport	–	–	–	–	–	–	–	2	4	1004	2	9	–	2	3	5	Q	–	Yes.
Rural Districts.																			
Bromsgrove (N.)	–	–	–	–	–	4	2	8	–	37	16	18	12	10	–	–	Q	–	Yes.
Bromsgrove (S.)	–	–	–	–	–	3	1	–	–	¶ 21	2	1	23	–	9	1	Q	–	Yes.
Droitwich	–	–	–	–	–	1	20	–	–	6	–	20	14	3	3	–	Q	–	Yes.
Evesham	–	–	–	–	–	–	4	1	2	69	17	8	70	6	1	7	F	1	Yes.
Feckenham	3	–	3	–	–	2	9	4	4	294	4	13	7	6	1	1	W	–	Yes.
Halesowen	–	–	–	–	–	1	4	2	4	72	2	2	–	16	–	16	W	–	Yes
Kidderminster	–	–	–	–	–	10	41	12	10	20	21	18	3	7	–	24	W	N	**
Martley	–	–	–	–	–	9	14	1	–	–	15	–	10	–	–	3	V	–	–
Newent (part)	–	–	–	–	–	1	5	1	–	4	3	8	5	–	–	–	–	–	–
Pershore	–	–	–	–	–	3	4	–	–	2	12	5	15	13	4	–	–	–	Yes
Rock	–	–	–	–	–	–	2	–	–	16	–	–	–	3	–	3	Q	–	–
Shipston-on-Stour	–	–	–	–	–	–	4	–	–	3	–	–	–	–	–	4	F	–	N
Stow-on-Wold (part)	–	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–
Tenbury	–	–	–	–	–	2	4	1	2	6	–	5	8	5	5	1	Q	–	Yes.
Tewkesbury (part)	–	–	–	–	–	2	4	5	3	11	5	5	–	–	–	–	–	–	–
Upton-on-Severn	–	–	–	–	–	–	–	–	–	147	5	–	–	11	1	8	V	–	FW
(c) Winchcombe (part)	–	–	–	–	–	1	–	–	1	–	20	–	7	–	–	–	–	–	–

District	Factories and Workshops: No. under inspection	No. certified for limewashing by Inspector	No. of insanitary conditions dealt with as nuisances	No. employing "young persons," &c., reported to Medical Officer of Health	At what intervals is each inspected	No. of outworkers' premises inspected	Shop Hours' Act: No. of shops under supervision	No. of contraventions of Act dealt with	Purveyors of Milk: No. of	Dairies: No. registered	No. of contraventions of Acts, Orders and Byelaws dealt with	At what intervals is each inspected	No. of infected milk supplies dealt with	Approximate No. of milking cows in District	Cowsheds: No. registered	No. of infected milk supplies reported	At what intervals is each inspected	Canal Boats: No. of boats on register	No. of boats registered during year	No. of certificates renewed	No. of boats inspected (for registration or otherwise)	No. of contraventions of Acts and Regulations dealt with
Urban Districts.																						
Bewdley Borough	24	5	2	–	V	–	–	–	9	8	–	V	–	–	12	–	V	–	–	–	11	1
Bromsgrove	34	5	1	–	V	3	–	–	6	10	–	†	–	30	10	–	V	–	–	–	–	–
Bromsgrove North	4	1	–	–	–	–	–	–	–	14	–	Q	–	185	14	–	Q	–	–	–	–	–
Droitwich Borough	47	2	3	–	V	–	–	–	15	9	–	V	–	–	12	–	V	30	–	–	10	1
Evesham Borough	175	8	8	–	½ Y	10	186	–	13	5	–	½ Y & V	–	42	5	–	½ Y	–	–	–	–	–
Kidderminster Borough	283	19	–	–	I	10	–	–	53	–	–	–	–	–	29	N	I	63	2	–	239	10
Lye and Wollescote	209	16	5	–	½ Y	25	–	–	6	12	–	Q	–	100	23	–	Q	–	–	–	–	–
Malvern	128	34	15	1	Y or ‡	2	–	–	70	8	10	V	–	–	10	–	V	–	–	–	–	–
Oldbury	129	13	2	N	½ Y	9	N	N	94	37	20	Q	0	310	61	–	Q	–	–	–	228	44
Redditch	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Stourbridge	225	–	13	10	I	15	–	–	32	32	6	I	N	128	28	N	I	–	–	–	–	–
Stourport	32	–	4	–	‡	1	–	–	16	3	1	‡	–	30	5	–	‡	–	–	–	93	12
Rural Districts.																						
Bromsgrove (N.)	33	–	2	–	½ Y	2	–	–	31	33	–	½ Y	–	400	35	–	½ Y	–	–	–	–	–
Bromsgrove (S.)	30	1	–	–	½ Y	2	–	–	7	14	–	½ Y	–	1100	14	–	½ Y	–	–	–	45	–
Droitwich	65	–	–	–	½ Y	115	–	–	70	88	4	½ Y	–	950	160	–	½ Y	–	–	–	47	5
Evesham	113	17	7	0	½ Y	41	–	–	2	18	4	½ Y	–	300	32	–	½ Y	–	–	–	–	–
Feckenham	54	7	8	–	Q	76	–	–	25	8	–	M	–	160	25	–	M	–	–	–	–	–
Halesowen	–	–	13	–	–	14	–	–	24	12	5	–	–	193	39	–	–	–	–	–	–	–
Kidderminster	118	49	26	N	M	††	N	N	(b)	–	–	–	–	–	(b)	–	–	–	–	–	214	25
Martley	94	6	3	N	V	16	–	–	5	38	4	‡	–	368	–	–	–	–	–	–	–	–
Newent (part)	–	1	–	–	–	–	–	–	5	16	2	–	–	–	16	–	Q	–	–	–	–	–
Pershore	47	6	–	–	–	31	–	–	15	38	8	–	–	463	38	–	–	1	–	–	1	–
Rock	9	9	–	–	Q	–	–	–	3	3	–	Q	–	–	3	–	Q	–	–	–	–	–
Shipston-on-Stour	57	8	–	–	F	2	–	–	4	10	–	F	–	297	22	–	F	–	–	–	–	–
Stow-on-Wold (part)	–	–	–	–	–	–	–	–	–	4	–	–	–	48	–	–	–	–	–	–	–	–
Tenbury	25	1	–	–	Q	–	–	–	–	4	3	Q	–	38	8	–	Q	–	–	–	–	–
Tewkesbury (part)	15	4	–	–	‡	–	–	–	–	6	–	†	–	128	13	–	†	–	–	–	15	–
Upton-on-Severn	37	2	1	–	–	–	–	–	–	–	–	–	–	–	79	–	I	–	–	–	20	–
(c) Winchcombe (part)	13	–	–	–	–	–	–	–	–	48	33	Q	–	800	48	–	Q	–	–	–	–	–

District	Lodging Houses: No. on register	No. regularly inspected	No. cleansed and repaired	At what intervals is each inspected	Food: No. of seizures as unfit for consumption	Food and Drugs' Act: No. of samples taken for analysis	No. of samples certified genuine	No. of samples certified adulterated	Animals kept so as to be a nuisance: No. of cases of removal on notice	Accumulation of offensive refuse: No. of removals	Legal Proceedings: No. of convictions obtained with regard to insanitary conditions	No. of convictions obtained with regard to unsound food	Clerical Work: No. of preliminary notices served	No. of Statutory notices served	No. of Statutory notices complied with	No. of Statutory notices outstanding	
Urban Districts.																	
Bewdley Borough	–	–	–	–	–	–	–	–	8	31	–	–	224	34	31	3	A. W. Humpherson.
Bromsgrove	4	4	4	V	–	–	–	–	–	–	–	–	50	–	–	–	A. Smith.
Bromsgrove North	–	–	–	–	–	–	–	–	2	27	–	–	–	145	127	18	Thos. Jones.
Droitwich Borough	1	1	1	V	–	–	–	–	6	4	–	–	128	–	–	–	Hy. Hulse.
Evesham Borough	4	4	4	½Y & V	–	–	–	–	4	14	–	–	25	61	53	8	H. S. Harvey.
Kidderminster Borough	9	9	–	W	5	64	60	4	16	15	1	3	456	102	102	102	J. T. Cowderoy.
Lye and Wollescote	–	–	–	–	–	–	–	–	6	3	–	–	150	318	235	83	H. Poole.
Malvern	1	1	1	V	–	–	–	–	6	12	–	–	196	16	4	12	H. Hillyard.
Oldbury	2	2	2	M	–	–	–	–	5	2	–	–	512	17	15	2	G. H. Robbins.
Redditch	3	3	–	–	–	–	–	–	16	–	–	–	222	20	–	–	Wm. Jameson.
Stourbridge	4	4	4	I	1	–	–	–	5	17	–	1	187	394	259	135	A. Kent.
Stourport	–	–	–	–	–	–	–	–	–	1	2	2	193	17	13	4	G. J. Edmuudson.
Rural Districts.																	
Bromsgrove (N.)	–	–	–	–	–	–	–	–	2	5	–	–	45	24	21	3	C. E. Cox.
Bromsgrove (S.)	–	–	–	–	–	–	–	–	–	–	–	–	30	–	–	–	A. Whitmore.
Droitwich	–	–	–	–	–	–	–	–	–	11	–	–	84	12	6	6	C. Stevens.
Evesham	–	–	–	–	–	–	–	–	7	10	–	–	53	77	44	33	E. Holloway.
Feckenham	–	–	–	–	–	–	–	–	2	8	–	–	121	23	11	12	H. Watling.
Halesowen	2	2	2	I	–	–	–	–	3	24	–	–	137	123	90	33	A. E. Shaw.
Kidderminster	–	–	–	–	–	–	–	–	58	15	–	–	97	13	13	–	D. Llewellyn.
Martley	–	–	–	–	–	–	–	–	–	4	–	–	179	14	12	2	F. D. Inskip.
Newent (part)	1	1	–	–	–	–	–	–	1	12	–	–	25	6	4	–	E. J. Wood.
Pershore	–	–	–	–	–	–	–	–	2	5	–	–	125	10	10	–	F. W. Moulson.
Rock	–	–	–	–	–	–	–	–	–	–	–	–	–	5	4	1	R. Mapp.
Shipston-on-Stour	1	1	1	F	–	–	–	–	1	4	–	–	220	10	8	2	C. J. Gander.
Stow-on-Wold (part)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	A. E. Clifford.
Tenbury	–	–	–	–	–	–	–	–	1	1	–	–	20	13	12	1	R. W. Jarvis.
Tewkesbury (part)	–	–	–	–	–	–	–	–	14	32	–	–	111	106	101	5	C. H. G. Shorland.
Upton-on-Severn	3	3	3	–	–	–	–	–	–	–	–	–	–	7	–	1	M. D. Price.
(c) Winchcombe (part)	–	–	–	–	–	–	–	–	7	91	3	–	307	27	26	1	C. Gardner.

- F. = Frequent.
- W. = Weekly.
- M. = Monthly.
- Q. = Quarterly.
- Y = Yearly.
- ½ Y. = ½ Yearly.
- V. = Various.
- I. = Irregular.
- * = Bins weekly. Ashpits upon report.
- † = Three times yearly.
- ‡ = Twice yearly.
- § = Weekly, fortnightly and as required.
- ¶ = Approximate.
- ** = No Byelaws in force.
- †† = None in District.
- (a) = Voluntarily.
- (b) = Dairies, Cowsheds & Milkshops Registered. 133
- (c) = On Notice.
- (d) = Articles.
- F.W. = Fairly Well.

(c) These figures refer to the whole District.

Annual Reports of Sanitary Inspectors.

As I have previously made many extracts from the Annual Reports of the Sanitary Inspectors, I do not propose to repeat what I have already said.

Table XVII. is a summary of the work done by the Inspectors, and shows how numerous and important the sanitary improvements are, that have been carried out under their supervision.

Droitwich Borough.

Mr. Hulse, as Borough Surveyor and Sanitary Inspector, has been entrusted with the important work of building houses in the Borough.

Evesham Borough.

Mr. Harvey mentions that there are still a large number of houses in a poor and unsatisfactory state, and that the ash receptacles in use are many of them most defective; he advocates the use of the general adoption of properly covered dust bins.

Kidderminster Borough.

Mr. Cowderoy's Report deals with numerous sanitary questions at length; many parts of it have already been referred to. The Tabular Statement contains much of the remainder. He states that under the Tuberculosis Order of 1913, he reported one emaciated milking cow to the Police during the year, which was subsequently examined and destroyed, the Veterinary Inspector reporting it to be a bad case of Tuberculosis. He also has undertaken a good deal of work under the Sale of Food and Drugs Acts, and gives details of what he has done.

Malvern Urban.

Mr. Hillyard states that parents with large families and small incomes are living in small cottages, and it is well nigh impossible for them to do otherwise, inasmuch as they cannot afford to pay a large rent without depriving the family of necessaries. In his opinion nothing can remove this, but the exclusive right to roomy cottages with low rents, graded and regulated in proportion to the family, and other varying circumstances.

Oldbury Urban.

In addition to the Tabular Statement, Mr. Robbins' Report contains references to Housing, Infectious Diseases, Dairies and Cowsheds, Food, Water Supply, Factories and Workshops, Scavenging, Canal Boats. Many of the subjects he alludes to, I have already mentioned.

Redditch Urban.

Mr. Jameson's Report is a comprehensive one; and he specially calls attention to a deplorable state of affairs where tenants, by either carelessness or wilful neglect, damage houses and sanitary conveniences after the owner has been compelled by the Council to put such premises into a sanitary condition. Upon the completion of repairs or alterations, he gives notice to such tenants that they will be held responsible for any nuisance that may be caused by their carelessness or negligence, but he is of opinion that it will be necessary for legislation to be provided for such purpose. He discusses such questions as Water Supply, Privy Middens, Slaughter Houses, Inspection of Meat and Fish, Fried Fish Shops, Dairies, Cowsheds and Milkshops, Sanitary Conveniences, Housing, Factories, and Workshops, etc. Several extracts from his report have already been quoted.

Stourbridge Urban District.

Mr. Kent's Annual Report is as usual comprehensive; and he enlarges upon many questions included in the Tabular Form. He states that in November a person was prosecuted for commencing business as a cowkeeper without being registered, and also for occupying a cowshed without giving one month's notice; and that fines were inflicted. In February he requisitioned the services of a Veterinary Surgeon to certify under Article 2 of the 1899 Cowsheds Order; who considered it unnecessary to issue a certificate, but suggested that the cow should be disposed of; and this was done.

A considerable part of his Report is concerned with the work he has carried out under the Housing Act of 1909.

Droitwich Rural.

Mr. Stevens mentions that improvements continue to be made in the paving, drainage, and lighting of cowsheds, and that the occupiers more readily comply with the requirements of the Sanitary Authority. He completed the sewering of Hampton Lovett during the year, and put down a septic tank and filter. This work, he says, was carried out in consequence of complaints made to the Sanitary Authority by a gentleman, that his cattle were affected by sewage contamination of the water.

Evesham Rural.

Mr. Holloway again presents a very full report, and explains in detail the amount of work that he has carried out in connection with the Housing Schemes he designed; the details of the other portions of his Report are included in the Tabular Statement.

Feckenham Rural District.

Mr. Watling's Report is also a full one, and some of the most important work he has been connected with, during the year, has been the Feckenham Water Supply, the Housing matters at Inkberrow, Cookhill, Astwood Bank, and Crabb's Cross. Mr. Watling also supervises the sewerage and sewage disposal works at Astwood Bank and Feckenham.

Halesowen Rural District.

Mr. Shaw's Report is a full one, and amongst other things he mentions that the thorough and efficient inspection of meat is practically impossible with private Slaughter-houses scattered throughout the district. He mentions that during the year the number of Tuberculous and emaciated cattle observed decreased considerably, which seems to show the beneficial effect of the Tuberculosis Order of 1914.

Kidderminster Rural.

I regret that in my former Digest I did not include Mr. Llewellyn's name among the list of Inspectors who had obtained special meat certificates, as he has since told me that he received his certificate in 1906. I have, therefore, this year corrected the omission.

His Report deals with many sanitary questions, and he especially mentions the house-to-house inspection he has made, and his work in connection with Cowsheds, Slaughter-houses, Water Supply, Canal Boats, etc.

Martley Rural.

Mr. Inskip's Report shows that he is dealing with all the sanitary questions which usually come under the supervision of a Sanitary Inspector, and evidently has done much good sanitary work in connection with Hop-pickers and housing.

It appears that cards, giving a few instructions for insuring the greater purity of milk have been drawn up and distributed at the dairies.

Pershore Rural District.

Mr. Moulson amplifies many of the statistics with regard to his duties included in Table XVII.

Shipston-on-Stour Rural.

Mr. Gander states that he has previously reported that many of the cowsheds are old and will need a lot of alterations when new legislation on the subject comes into force.

Tewkesbury Rural.

Mr. Shorland mentions that all the house drains at Westmancote have been connected with the new sewers, and that in every case a new house drain and water closet have been insisted upon, and in some instances where the owners refused to comply, the work was carried out by the Rural District Council, and the cost recovered from the owners.

Your obedient Servant,
G. H. FOSBROKE, D.P.H.Camb.
County Medical Officer.

Shirehall, Worcester,
September, 1914.

TABLE I.—Vital Statistics of Whole District during 1913 and previous Years.

Name of District.	Year.	Population estimated to Middle of each Year.	Births.			Total Deaths Registered in the District.		Transferable Deaths		Net Deaths belonging to The District.			
			Uncorrected Number.	Net.				of Non-residents registered in the District	of Residents not registered in the District.	Under 1 Year of Age.		At all Ages.	
				Number.	Rate.	Number.	Rate.			Number.	Rate per 1,000 Net Births.	Number.	Rate.
	1	2	3	4	5	6	7	8	9	10	11	12	13
Bewdley Boro.	1908	2,866	72	72	25·12	30	10·46		5	3	41	35	12·21
	1909	2,866	74	74	25·81	37	12·87		2	6	81	39	13·60
	1910	2,866	61	61	21·28	43	15·0		7	10	163	50	17·09
	1911	2,745	74	74	26·95	33	12·02	1	10	5	67	42	15·26
	1912	2,745	54	54	19·66	31	11·29		10	5	92	41	14·93
	1913	2,745	71	71	29·5	30	10·9	2	6	6	84	34	12·38
Bromsgrove.	1908	8,660	241	241	27·8	155	17·8	27	2	29	120	130	15·0
	1909	8,700	215	215	24·7	154	17·7	28		25	116	126	14·4
	1910	8,740	217	217	24·8	146	16·7	30		20	92	116	13·2
	1911	8,928	201	201	22·5	167	18·7	38		20	99	129	14·2
	1912	8,950	206	206	23·0	144	16·0	30	3	11	53	117	13·0
	1913	9,000	234	234	26·0	139	15·4	35	5	17	72	104	11·5
Bromsgrove North.	1908	6,000	157	157	26·1	124	20·6	50	10	14	89	84	14·0
	1909	6,040	150	150	24·8	156	25·8	76	6	16	106	86	14·2
	1910	6,200	157	157	25·3	143	23·0	69	3	11	70	77	12·0
	1911	7,210	138	138	20·6	128	17·7	51	11	19	137	88	12·2
	1912	7,300	140	140	20·9	105	14·3	44	5	11	78	66	9·8
	1913	7,350	157	157	23·2	112	15·2	48	8	11	70	72	10·6

Name of District.		All Causes. Certified.	All Causes. Uncertified.	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	Influenza.	Erysipelas.	Phthisis(Pulmonary Tuberculosis).	Tuberculous Meningitis.	Other tubercular diseases.	Cancer, malignant disease.	Rheumatic Fever.	Meningitis.	Organic Heart disease.	Bronchitis.	Pneumonia (all forms).	Other Respiratory diseases.	Diarrhœa and Enteritis.	Appendicitis and Typhlitis.	Cirrhosis of Liver.	Alcoholism.	Nephritis and Bright's disease.	Puerperal Fever.	Other Accidents and diseases of Pregnancy and Parturition.	Congenital Debility and Malformation.	Violent deaths, excluding Suicide	Suicides.	Other defined diseases.	Diseases ill-defined or unknown.
Bewdley Boro.	Under 1 Year	6																				1							4				1
	1–2																																
	2–5																																
	5–15	1																		1													
	15–25	1																		1													
	25–45	6										1			2			2														1	
	45–65	8										1			3				1													2	1
	65 & upwards	12													2				2													4	4
Bromsgrove.	Under 1 Year	17						3											2			2							8			2	
	1–2	1											1																				
	2–5	1																														1	
	5–15	3																		1									2				
	15–25	1												1																			
	25–45	13										2							1	1								1		2		3	2
	45–65	17													4		1	5		1					1					1		3	
	65 & upwards	51													7			3	8			1										10	22
Bromsgrove North.	Under 1 Year	11				1													3	1									4			2	
	1–2																																
	2–5	4					1	1					1				1																
	5–15																																
	15–25	5							1		1		1	1	1																		
	25–45	7							1		4							1									1						
	45–65	13													4			1	1								1				1	3	2
	65 & upwards	32													3			1	2												1	10	15

Urban.

TABLE I.—Vital Statistics of Whole District during 1913 and previous Years.

Name of District.	Year.	Population estimated to Middle of each Year.	Births.			Total Deaths Registered in the District.		Transferable Deaths		Net Deaths belonging to the District.			
			Uncorrected Number.	Net.				of Non-residents registered in the District.	of Residents not registered in the District.	Under 1 Year of Age.		At all Ages.	
				Number.	Rate.	Number.	Rate.			Number.	Rate per 1,000 Net Births.	Number.	Rate.
	1	2	3	4	5	6	7	8	9	10	11	12	13
Droitwich Borough.	1908	4,201	85	85	20·2	71	16·9	8		3	35	63	14·9
	1909	4,201	105	105	24·9	79	18·8	9	2	4	38	72	17·1
	1910	4,220	80	80	18·9	73	17·2	11	1	14	150	63	14·6
	1911	4,146	93	93	22·6	67	16·14	5	1	13	139	63	15·1
	1912	4,146	96	96	23·39	63	15·1	7	4	9	93	60	14·4
	1913	4,160	86	86	20·6	74	17·7	14	1	9	104	61	12.7
Evesham Borough.	1908	8,290	234	234	28·2	94	11·3	1	7	16	68	100	12·0
	1909	8,300	216	216	26·1	97	11·6	5	14	24	111	106	12·7
	1910	8,300	218	218	26·2	92	11·0	4	17	20	90	105	12·6
	1911	8,341	216	217	26·0	94	11·2	4	22	30	138	112	13·4
	1912	8,340	200	204	24·4	82	9·8	5	22	17	83	99	11·8
	1913	8,460	168	169	20·0	90	10·6	1	13	13	76	102	12·0
KidderminsterBoro.	1908	24,700	522	522	21·13	409	16·55	45		63	120·68	364	14·73
	1909	24,700	560	560	22·67	483	19·55	39	2	90	160·71	444	17·97
	1910	24,700	503	503	20·36	389	15·75	54		73	145·12	334	13·52
	1911	24,400	536	536	21·96	420	17·21	54	13	80	149·25	379	15·53
	1912	24,400	548	545	22·33	348	14·26	46	11	55	100·91	313	12·82
	1913	27,700	598	594	21·44	389	14·04	45	14	72	121	358	12·9

Name of District.		All Causes. Certified.	All Causes. Uncertified.	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	Influenza.	Erysipelas.	Phthisis (Pulmonary Tuberculosis).	Tuberculous Meningitis.	Other Tuberculous diseases.	Cancer, malignant disease.	Rheumatic Fever.	Meningitis.	Organic Heart disease.	Bronchitis.	Pneumonia (all forms).	Other Respiratory diseases.	Diarrhœa and Enteritis.	Appendicitis and Typhlitis.	Cirrhosis of Liver.	Alcoholism.	Nephritis and Bright's disease.	Puerperal Fever.	Other Accidents and diseases of Pregnancy and Parturition.	Congenital Debility and Malformation.	Violent deaths, excluding Suicide	Suicides.	Other defined diseases.	Diseases ill-defined or unknown.
Droitwich Boro.	Under 1 Year	9											1				1													7			
	1–2	1																														1	
	2–5	1																				1											
	5–15																																
	15–25	2																		2													
	25–45	7										1			1			2														3	
	45–65	6										1			3					1						1							
	65 & upwards	35								2					4			4	2			1				1						2	1
Evesham Boro.	Under 1 Year	13															1		2	2	1	3							2	1		1	
	1–2	5							1								1		2													1	
	2–5	2	1																							1						1	1
	5–15	5							1			1					1	1														1	
	15–25	3										2										1											
	25–45	13		1								3						2		1					1				1	1		3	
	45–65	17								1		1			2			3	1					3						1	5	
	65 & upwards	42	1							1					6			8	3	2	1			1						1	1	14	5
Kidderminster Boro.	Under 1 Year	70	2					1				1	3	1			1		5	5		23							20			12	
	1–2	13				1		2									1		3	2		3									1		
	2–5	9										2		2						2		2				1							
	5–15	8				1						1		2			1			1			1			1							
	15–25	18				1						11		1								1	1			1					1	1	
	25–45	31	1							1		7			4			4	1		2	1	1			2		2			1	6	
	45–65	77	2							1		4			16			15	5	1	2	1		1		9					3	20	1
	65 & upwards	124	3							2		1			9			19	18	4	1	1				10					5	56	1

Urban. TABLE I.—Vital Statistics of Whole District during 1913 and previous Years.

Name of District.	Year.	Population estimated to Middle of each Year.	Births.			Total Deaths Registered in the District.		Transferable Deaths		Net Deaths belonging to The District.			
			Uncorrected Number.	Net.				of Non-residents registered in the District	of Residents not registered in the District.	Under 1 Year of Age.		At all Ages.	
				Number.	Rate.	Number.	Rate.			Number.	Rate per 1,000 Net Births.	Number.	Rate.
	1	2	3	4	5	6	7	8	9	10	11	12	13
Lye and Wollescote.	1908	11,627	370	370	31·8	148	12·7		21	35	94	169	14·5
	1909	11,721	331	331	28·2	197	16·8		25	43	129	222	18·9
	1910	11,815	303	303	25·6	129	10·9		9	29	95	138	11·6
	1911	11,684	336	336	25·6	181	15·4		28	50	148	209	17·8
	1912	11,796	327	328	27·8	142	12·0		22	37	112	164	13·8
	1913	11,825	335	337	28·5	149	12·6		17	45	133	166	14·0
Malvern.	1908	18,000	228	228	12·6	180	10·0	2	12	19	83	190	10·5
	1909	18,000	261	261	14·5	213	11·8	1	14	21	80	226	12·5
	1910	18,000	243	243	13·5	196	10·8	2	16	20	81·4	210	11·0
	1911	16,514	245	249	15·1	199	12·7	17	23	16	64·2	205	12·4
	1912	16,514	225	227	13·7	190	11·2	9	22	12	52·8	203	12·2
	1913	16,514	214	214	12·9	164	9·9	16	17	14	65	165	9·9
Oldbury.	1908	29,000	1,060	1,060	35·6	447	15·4		64	156	147	511	17·6
	1909	29,300	1,002	1,002	34·1	443	15·1		47	135	134·9	489	16·6
	1910	29,600	1,053	1,053	35·5	406	13·7		59	133	126·3	464	15·6
	1911	32,240	978	985	30·5	471	14·6		75	152	154	546	16·9
	1912	33,164	1,048	1,054	31·7	390	11·7		63	135	128	453	13·6
	1913	34,000	1,035	1,039	30·5	487	14·3		60	160	154	547	15·9

Name of District.		All Causes. Certified.	All Causes. Uncertified.	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	Influenza.	Erysipelas.	Phthisis(Pulmonary Tuberculosis).	Tuberculous Meningitis.	Other tuberculous diseases.	Cancer, malignant disease.	Rheumatic Fever.	Meningitis.	Organic Heart disease.	Bronchitis.	Pneumonia (all forms).	Other Respiratory diseases.	Diarrhœa and Enteritis.	Appendicitis and Typhlitis.	Cirrhosis of Liver.	Alcoholism.	Nephritis and Bright's disease.	Puerperal Fever.	Other Accidents and diseases of Pregnancy and Parturition.	Congenital Debility and Malformation.	Violent deaths, excluding Suicide	Suicides.	Other defined diseases.	Diseases ill-defined or unknown.
Lye and Wollescote.	Under 1 Year	44	1					2				1							7	3		14							8	1		4	5
	1–2	13							1								1		2	3		3										3	
	2–5	4	1					1											1	2		1											
	5–15	6																1			1										4	
	15–25	8										1				1				2						1				3			
	25–45	11										5										1	1							4			
	45–65	35	2									1			4			2	5		1			1		1				3	2	17	
	65 & upwards	41								1					3			4	2		1	1								3		25	1
Malvern.	Under 1 Year	13	1														1			1		1							10			1	
	1–2	5								1									1	2		1											
	2–5																																
	5–15	5										1				1	1			1										1			
	15–25	6										3																	1	1		1	
	25–45	10										6							1	1						1	1						
	45–65	51								1		4	1		9			3	1	2				1		3				1	1	24	
	65 & upwards	73	1							1	1				7			13	7	2				1		1				1		40	
Oldbury.	Under 1 Year	161				14		1					1	3			3		12	9		44							50	6		18	
	1–2	60				22			2			1					1	1	2	6		14				3			1			7	
	2–5	44				24			2				2	2			2	1	1	2	1	5							1			1	
	5–15	25				4			1			2	2	2	1		2	2		3			1			1				2		2	
	15–25	9		1								2				1		1		1										2		1	
	25–45	41								2		5			3			4	1	3		2		2	1	2	1			2	1	12	
	45–65	102								1		5		1	24		1	11	13	6	1	1		4		5				1	3	25	
	65 & upwards	105								1	1	1			10	1		11	19	3	1	3				1				1		51	1

Urban. TABLE I.—Vital Statistics of Whole District during 1913 and previous Years.

Name of District.	Year.	Population estimated to Middle of each Year.	Births.			Total Deaths Registered in the District.		Transferable Deaths		Net Deaths belonging to the District.			
			Uncorrected Number.	Net.				of Non-residents registered in the District.	of Residents not registered in the District.	Under 1 Year of Age.		At all Ages.	
				Number.	Rate.	Number.	Rate.			Number.	Rate per 1,000 Net Births.	Number.	Rate.
	1	2	3	4	5	6	7	8	9	10	11	12	13
Redditch.	1908	15,340	396	396	25·8	177	11·5	4	14	38	95	187	12·1
	1909	15,600	349	349	22·3	198	12·6	4	6	30	85	200	12·8
	1910	15,885	351	351	22·0	171	10·7	6	10	30	85	175	11·0
	1911	15,500	310	310	20·0	168	10·8	10	21	30	96	179	11·5
	1912	15,700	315	315	20·0	173	11·0	3	16	19	60	186	11·8
	1913	15,900	318	322	20·2	162	10·1	1	16	27	83	177	11·1
Stourbridge.	1908	17,031	444	444	26·07	202	11·86		27	37	83·83	229	13·23
	1909	17,134	430	430	25·09	254	14·83	1	25	66	153·48	288	16·88
	1910	17,238	406	406	23·55	193	11·19	1	18	44	108·37	210	12·12
	1911	17,341	450	450	25·99	229	13·20	3	34	59	131·11	260	14·99
	1912	17,407	399	405	23·26	198	11·37		37	39	96·29	235	13·50
	1913	17,553	412	414	23·47	206	11·7	3	34	40	96·61	237	13·50
Stourport.	1908	4,462	81	81	18·4	42	9·5		8	8	98·1	50	11·3
	1909	4,452	90	90	20·3	44	9·9		10	6	66·6	54	12·2
	1910	4,442	97	97	21·9	38	8·4		6	7	72·1	44	9·9
	1911	4,432	104	104	23·4	47	10·5	1	17	13	125	63	14·1
	1912	4,422	84	85	19·2	55	12·4		8	10	119	63	14·2
	1913	4,412	94	94	21·3	50	11·3	3	9	9	95	56	12·6

Name of District.		All Causes. Certified.	All Causes. Uncertified.	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	Influenza.	Erysipelas.	Phthisis (Pulmonary Tuberculosis).	Tuberculous Meningitis.	Other Tuberculous diseases.	Cancer, malignant disease.	Rheumatic Fever.	Meningitis.	Organic Heart disease.	Bronchitis.	Pneumonia (all forms).	Other Respiratory diseases.	Diarrhœa and Enteritis.	Appendicitis and Typhlitis.	Cirrhosis of Liver.	Alcoholism.	Nephritis and Bright's disease.	Puerperal Fever.	Other Accidents and diseases of Pregnancy and Parturition.	Congenital Debility and Malformation.	Violent deaths, excluding Suicide	Suicides.	Other defined diseases.	Diseases ill-defined or unknown.
Redditch.	Under 1 Year	27															1		4	6		4								9			3
	1–2	6																		4		1				1							
	2–5	4							1									1	1	1													
	5–15	4					1											1		1												1	
	15–25	7										2		1				1														2	1
	25–45	17										8		1			1			1				1		1				1		3	
	45–65	55								2		2			4	1	1	9	5	7	2			1		2						19	
	65 & upwards	57									1				4			3	6	1												16	26
Stourbridge.	Under 1 Year	40				1		1		1				1					7			2							23	1		3	
	1–2	11						3						2			1			1		3								1			
	2–5	2				1		1																									
	5–15	15							5	1		1					1	1	2	1			2									1	
	15–25	6										1						2												1		2	
	25–45	26		1								11			1			3								1	1	1		2	1	4	
	45–65	47										2			7			7	3	4	1	1			1	2				1	2	15	1
	65 & upwards	90								1					8	2		10	14	3					1	2						47	2
Stourport.	Under 1 Year	9											1	1						1		3							1			2	
	1–2	1											1																				
	2–5	1																		1													
	5–15	6				1							2																			1	1
	15–25	4												1																		3	
	25–45	5										1			1					1												1	
	45–65	10										1			1			2							1	1						4	
	65 & upwards	20													3			2	4	2				1		2						3	3

Rural.

TABLE I.—Vital Statistics of Whole District during 1913 and previous Years.

Name of District.	Year.	Population estimated to Middle of each Year.	Births.			Total Deaths Registered in the District.		Transferable Deaths		Net Deaths belonging to The District.			
			Uncorrected Number.	Net.						Under 1 Year of Age.		At all Ages.	
				Number.	Rate.	Number.	Rate.	of Non-residents registered in the District	of Residents not registered in the District.	Number.	Rate per 1,000 Net Births.	Number.	Rate.
	1	2	3	4	5	6	7	8	9	10	11	12	13
Bromsgrove.	1908	12,300	283	283	23·0	149	12·1		11	22	77	160	13·0
	1909	12,300	238	238	19·3	147	11·9		15	26	108	162	13·1
	1910	12,300	286	286	23·3	121	10·9	1	16	18	62	136	11·0
	1911	13,132	243	245	18·6	134	10·2	2	17	27	110	149	11·3
	1912	13,700	271	275	20·0	136	9·9	4	20	16	58	152	11·0
	1913	15,300	321	325	21·2	158	10·3	6	22	12	36	174	11·3
Droitwich.	1908	12,932	256	256	19·8	155	11·9		16	23	89·8	171	15·2
	1909	12,932	264	264	20·4	145	11·2		12	19	71·9	157	12·1
	1910	12,932	254	254	19·6	149	11·5		18	19	74·8	167	12·9
	1911	12,975	241	242	18·6	133	10·2		22	20	82·6	155	11·9
	1912	12,975	253	261	20·1	149	11·4		35	21	80·4	184	14·1
	1913	12,986	210	210	16·1	113	8·7		30	13	61·6	143	11·0
Evesham.	1908	8,290	234	234	28·2	94	11·3	1	7	16	68	100	12·0
	1909	8,300	216	216	26·1	97	11·6	5	14	24	111	106	12·7
	1910	8,300	218	218	26·2	92	11·0	4	17	20	90	105	12·6
	1911	9,095	202	201	22·2	119	13·0	21	9	10	49	107	11·7
	1912	9,095	211	206	22·6	113	12·4	14	6	16	77	105	11·5
	1913	9,240	207	205	22·2	118	12·8	11	7	17	82	114	12·3

Name of District.		All Causes. Certified.	All Causes. Uncertified.	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	Influenza.	Erysipelas.	Phthisis (Pulmonary Tuberculosis).	Tuberculous Meningitis.	Other tuberculous diseases.	Cancer, malignant disease.	Rheumatic Fever.	Meningitis.	Organic Heart disease.	Bronchitis.	Pneumonia (all forms).	Other Respiratory diseases.	Diarrhœa and Enteritis.	Appendicitis and Typhlitis.	Cirrhosis of Liver.	Alcoholism.	Nephritis and Bright's disease.	Puerperal Fever.	Other Accidents and diseases of Pregnancy and Parturition.	Congenital Debility and Malformation.	Violent deaths, excluding Suicide	Suicides.	Other defined diseases.	Diseases ill-defined or unknown.
Bromsgrove.	Under 1 Year	12												1						3		1							5			1	1
	1–2	6																		1		4											1
	2–5	3				1																								1			1
	5–15	8								1		1		2				1		1										1		1	
	15–25	10										1	1	1								1						1		3		2	
	25–45	16										5		1	1			3												4			2
	45–65	40										3			8	1		7	3	1						2				1		7	7
	65 & upwards	79								2					10			11	8					1		6						10	31
Droitwich.	Under 1 Year	13																	1	1									6			4	1
	1–2	2																												1		1	
	2–5	1																														1	
	5–15	4		1						1																				1		1	
	15–25	7										1					1	1												1		1	1
	25–45	25		1								4			1			3	1	1	2		1		1		1			3	1	4	1
	45–65	25								1		2			7			4								2				2		9	
	65 & upwards	66													7			11	5		1				2							13	27
Evesham.	Under 1 Year	15	2					2						1															13	1			
	1–2	1																														1	
	2–5	1																												1			
	5–15	2										1								1													
	15–25	3		1																										1		1	
	25–45	16										4			2			3		1								3				3	
	45–65	26													7			6		1	1		1							1		9	
	65 & upwards	48													4			9	2	1												24	8

TABLE I.—Vital Statistics of Whole District during 1913 and previous Years.

Name of District.	Year.	Population estimated to Middle of each Year.	Births.			Total Deaths Registered in the District.		Transferable Deaths		Net Deaths belonging to the District.			
			Uncorrected Number.	Net.						Under 1 Year of Age.		At all Ages.	
				Number.	Rate.	Number.	Rate.	of Non-residents registered in the District.	of Residents not registered in the District.	Number.	Rate per 1,000 Net Births.	Number.	Rate.
	1	2	3	4	5	6	7	8	9	10	11	12	13
Feckenham.	1908	5,500	123	123	22·3	72	13·0		5	7	56	77	14·0
	1909	5,450	108	108	19·8	75	13·7		6	14	130	81	14·8
	1910	5,400	110	110	20·3	72	13·3		9	6	55	81	15·0
	1911	5,455	101	101	18·5	68	12·4		13	10	99	81	14·8
	1912	5,456	95	96	17·5	51	9·3		12	5	52	63	11·5
	1913	5,456	88	88	16·1	74	13·5	1	9	11	125	82	15·0
Halesowen.	1908	27,734	800	800	33·9	337	14·1	3	17	103	128	351	14·8
	1909	27,734	764	764	32·4	351	14·8	13	23	89	116	361	15·3
	1910	27,061	769	769	28·4	332	12·2	2	31	85	110	361	13·3
	1911	25,765	697	698	27·0	375	14·5	4	26	101	144	379	15·4
	1912	25,975	735	741	28·5	322	12·3	6	31	96	129	347	13·3
	1913	26,518	784	787	29·6	317	11·9	2	36	92	116	351	13·2
Kidderminster.	1908	10,100	242	242	22·2	127	12·5	2	16	19	78·1	141	13·9
	1909	10,100	213	213	23·96	135	13·36	4	19	23	108·9	150	14·8
	1910	10,100	202	202	21·1	108	10·7	1	21	19	94·05	128	12·57
	1911	10,500	202	202	20·0	119	11·4	5	16	18	89·1	130	12·4
	1912	10,500	193	192	19·2	124	11·8	8	16	11	57·2	132	12·3
	1913	7,200	162	166	23·05	66	9·16	–	12	12	72·28	78	10·83

Name of District.		All Causes. Certified.	All Causes. Uncertified.	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	Influenza.	Erysipelas.	Phthisis (Pulmonary Tuberculosis).	Tuberculous Meningitis.	Other Tuberculous diseases.	Cancer, malignant disease.	Rheumatic Fever.	Meningitis.	Organic Heart disease.	Bronchitis.	Pneumonia (all forms).	Other Respiratory diseases.	Diarrhœa and Enteritis.	Appendicitis and Typhlitis.	Cirrhosis of Liver.	Alcoholism.	Nephritis and Bright's disease.	Puerperal Fever.	Other Accidents and diseases of Pregnancy and Parturition.	Congenital Debility and Malformation.	Violent deaths, excluding Suicide	Suicides.	Other defined diseases.	Diseases ill-defined or unknown.
Feckenham.	Under 1 Year	10	1			1													1	1	1	1							3			3	
	1–2	1	1																	1												1	
	2–5	2																														1	1
	5–15	3											1				1															1	
	15–25	2																										1				1	
	25–45	5										3			1																	1	
	45–65	15								1		2			3			1	1	1						1						5	
	65 & upwards	42													4			7	2							3			1			14	11
Halesowen.	Under 1 Year	92				5		1					1	2					7	6	1	10				1			44			13	1
	1–2	28				7		1	1				2	2			1		1	4		2				2						3	2
	2–5	22				8		1	2				2	1			1			2	1					2			1			1	
	5–15	18				4	3					2	1			1			1					1								4	1
	15–25	16										4		3				1						1						1		5	1
	25–45	31								2		4			3	1		3	1	5	1					2		1		1	1	6	
	45–65	57		1								3			18			6	4	3						3				2	1	16	
	65 & upwards	87													4			5	19	2						1				5	1	50	
Kidderminster.	Under 1 Year	12				1											1		1			3							4	1		1	
	1–2	1																											1				
	2–5	1																		1													
	5–15	1														1																	
	15–25	2										1			1																		
	25–45	13										4						2		1		1				2						2	1
	45–65	16								1					3			3		1		1	1			1						4	1
	65 & upwards	32								1					5			5	1											1		6	13

Rural.

TABLE I.—Vital Statistics of Whole District during 1913 and previous Years.

Name of District.	Year.	Population estimated to Middle of each Year.	Births.			Total Deaths Registered in the District.		Transferable Deaths		Net Deaths belonging to The District.			
			Uncorrected Number.	Net.						Under 1 Year of Age.		At all Ages.	
				Number.	Rate.	Number.	Rate.	of Non-residents registered in the District	of Residents not registered in the District.	Number.	Rate per 1,000 Net Births.	Number.	Rate.
	1	2	3	4	5	6	7	8	9	10	11	12	13
Martley.	1908	12,941	295	295	22·7	161	12·4	2	8	30	101·6	167	12·9
	1909	12,941	288	288	22·1	188	14·4	2	8	28	97·0	194	14·9
	1910	12,941	281	281	21·0	155	11·9	8	14	15	53·3	161	12·4
	1911	13,063	283	283	21·6	167	12·7	1	19	21	74·2	185	14·1
	1912	13,063	274	274	20·9	145	11·1		25	11	40	170	13·0
	1913	13,063	265	265	20·2	129	9·8	1	17	11	41·5	146	11·1
Newent.	1908	1,308	23	23	17·6	13	9·9						
	1909	1,308	17	17	13·0	19	14·5			2	117		
	1910	1,308	16	16	12·2	11	8·4					12	9·1
	1911	1,306	25	25	19·1	17	13·01			5	200	17	13·01
	1912	1,306	19	19	14·5	14	10·7					14	10·7
	1913	1,193	32	32	26·8	14	11·7					14	11·7
Pershore.	1908	12,800	303	303	23·6	197	15·3		10	30	99	207	16·1
	1909	12,700	293	293	23·0	213	16·7	1	9	24	81	221	17·4
	1910	12,700	279	279	21·9	161	12·6		3	21	75	164	12·9
	1911	13,235	282	281	21·1	169	12·7		12	20	70	181	13·6
	1912	13,235	274	274	20·7	169	12·7	3	10	17	62	176	13·2
	1913	13,300	263	262	19·7	155	11·6	1	13	18	68	167	12·5

Name of District.		All Causes. Certified.	All Causes. Uncertified.	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	Influenza.	Erysipelas.	Phthisis (Pulmonary Tuberculosis).	Tuberculous Meningitis.	Other tuberculous diseases.	Cancer, malignant disease.	Rheumatic Fever.	Meningitis.	Organic Heart disease.	Bronchitis.	Pneumonia (all forms).	Other Respiratory diseases.	Diarrhœa and Enteritis.	Appendicitis and Typhlitis.	Cirrhosis of Liver.	Alcoholism.	Nephritis and Bright's disease.	Puerperal Fever.	Other Accidents and diseases of Pregnancy and Parturition.	Congenital Debility and Malformation.	Violent deaths, excluding Suicide	Suicides.	Other defined diseases.	Diseases ill-defined or unknown.
Martley.	Under 1 Year	11																		4		1							6				
	1–2	5							1			1	1							2										1			
	2–5	3							1				1																	1			
	5–15	6							1					1			1													2		1	
	15–25	9								1		3			1					1				1						2			
	25–45	23		1								4			4			2		1				1				1		3		6	
	45–65	27													6	1		6		2						1				1		11	
	65 & upwards	62								2					8			16	4	2						2				1		27	
Newent.	Under 1 Year																																
	1–2																																
	2–5																																
	5–15																																
	15–25																																
	25–45																																
	45–65	2																	1											1			
	65 & upwards	12										1			1			4	1	2										1		2	
Pershore.	Under 1 Year	18				1												1		3		4							8			1	
	1–2	9				6	1													1		1											
	2–5	3				3																											
	5–15	8				2			1				1								1	1								1		1	
	15–25	7										4		1				1														1	
	25–45	5										3			1															1			
	45–65	34													6			9	1	3	4			2						1	1	7	
	65 & upwards	83													8			18	11	3	3		1			4				2		25	8

Rural.

TABLE I.—Vital Statistics of Whole District during 1913 and previous Years.

Name of District.	Year.	Population estimated to Middle of each Year.	Births.			Total Deaths Registered in the District.		Transferable Deaths		Net Deaths belonging to the District.			
			Uncorrected Number.	Net.						Under 1 Year of Age.		At all Ages.	
				Number.	Rate.	Number.	Rate.	of Non-residents registered in the District.	of Residents not registered in the District.	Number.	Rate per 1,000 Net Births.	Number.	Rate.
	1	2	3	4	5	6	7	8	9	10	11	12	13
Rock.	1908	2,100	45	45	21·4	33	15·7			3	66	33	15·7
	1909	2,050	40	40	19·5	28	13·6			5	100	28	13·6
	1910	2,050	39	39	19·0	27	13·1			2	51	30	14·6
	1911	2,200	48	48	21·8	20	8·1		3	2	41	23	10·4
	1912	2,210	44	44	19·9	35	15·6	1		3	68	34	15·3
	1913	2,220	43	43	19·3	24	10·7		2	2	46	26	11·7
Shipston-on-Stour.	1908	4,708	115	115	24·4	88	18·6	14	4	12	104	78	16·5
	1909	4,709	102	102	21·6	81	17·1	13	1	8	80	69	14·5
	1910	4,710	94	94	19·9	87	18·4	20	7	8	85	74	15·6
	1911	4,711	104	105	22·6	99	20·9	12	11	9	86	98	20·7
	1912	4,712	102	101	21·4	72	15·2	9	5	5	50	68	14·4
	1913	4,713	107	105	22·6	67	14·2	8	7	5	48	66	14·0
Stow-on-the-Wold.	1908	292	6	6	20·5	6	20·5					6	20·5
	1909	292	5	5	17·4	2	6·7					2	6·7
	1910	292	6	6	20·5	1	3·4					1	3·4
	1911	311	1	1	3·2	3	9·6			1	1,000	3	9·6
	1912	311	4	4	12·8	3	6·6					3	9·6
	1913	311	1	1	3·2	4	12·8		1			5	16·0

TABLE III.—Causes of, and Ages at Death, 1913.

Name of District.		All Causes. Certified.	All Causes. Uncertified.	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	Influenza.	Erysipelas.	Phthisis (Pulmonary Tuberculosis).	Tuberculous Meningitis.	Other tuberculous diseases.	Cancer, malignant disease.	Rheumatic Fever.	Meningitis.	Organic Heart disease.	Bronchitis.	Pneumonia (all forms).	Other Respiratory diseases.	Diarrhœa and Enteritis.	Appendicitis and Typhlitis.	Cirrhosis of Liver.	Alcoholism.	Nephritis and Bright's disease.	Puerperal Fever.	Other Accidents and diseases of Pregnancy and Parturition.	Congenital Debility and Malformation.	Violent deaths, excluding Suicide	Suicides.	Other defined diseases.	Diseases ill-defined or unknown.
Rock.	Under 1 Year	2																		1									1				
	1–2																																
	2–5	1																														1	
	5–15	1																														1	
	15–25																																
	25–45	4										2					1											1					
	45–65	5													1			1														3	
	65 & upwards	13													4			2	1													6	
Shipston-on-Stour.	Under 1 Year	5																											5				
	1–2	2																				2											
	2–5	1							1																								
	5–15	2							1														1										
	15–25	2																			1	1											
	25–45	4										2											1									1	
	45–65	9	1									3						2	1	1		1				1							1
	65 & upwards	40													5			5	2	2	1	3				2				1		19	
Stow-on-the-Wold.	Under 1 Year																																
	1–2																																
	2–5																																
	5–15																																
	15–25																																
	25–45																																
	45–65	3												1	1			1															
	65 & upwards	2																															2

TABLE I.—Vital Statistics of Whole District during 1913 and previous Years.

Name of District.	Year.	Population estimated to Middle of each Year.	Births.			Total Deaths Registered in the District.		Transferable Deaths		Net Deaths belonging to the District.			
			Uncorrected Number.	Net.						Under 1 Year of Age.		At all Ages.	
				Number.	Rate.	Number.	Rate.	of Non-residents registered in the District.	of Residents not registered in the District.	Number.	Rate per 1,000 Net Births.	Number.	Rate.
	1	2	3	4	5	6	7	8	9	10	11	12	13
Tenbury.	1908	4,770	94	94	19·6	53		3	6	2	25	56	11·7
	1909	4,770	77	77	16·1	68		2	3	11	119	69	14·6
	1910	4,750	92	92	19·5	55			5	4	42	60	12·6
	1911	4,727	78	77	16·2	57			3	11	142	60	12·6
	1912	4,713	91	90	21·2	74		3	7	7	70	78	16·5
	1913	4,705	115	114	24·2	60		2	5	7	61	63	13·3
Tewkesbury.	1908	2,293	51	51	22·2	31	13·5			2	39	31	13·5
	1909	2,293	64	64	27·9	27	11·7			4	62	27	11·7
	1910	2,293	49	49	21·3	24	10·4			3	61	29	10·4
	1911	2,317	52	54	23·3	31	13·3		2	4	76	33	14·2
	1912	2,317	40	40	17·2	25	10·7		1			26	11·2
	1913	2,317	38	38	16·4	23	9·9		4	2	52·6	27	11·6
Upton-on-Severn.	1908	13,000	294	294	22·6	259	19·9	81	4	22	74·8	172	13·2
	1909	13,000	289	289	22·2	270	20·7	89	7	31	107·0	188	14·4
	1910	13,000	260	260	20·0	223	17·1	73	4	17	65·4	154	11·8
	1911	14,400	295	295	22·6	254	18·1	93	13	13	44·4	174	13·3
	1912	14,596	255	255	19·0	255	19·0	104	10	14	54·9	161	12·0
	1913	*14,600	228	228	17·0	240	17·9	94	15	16	70·1	161	12·0

* Including Powick Asylum.

TABLE III.—Causes of, and Ages at Death, 1913.

Name of District.		All Causes. Certified.	All Causes. Uncertified.	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	Influenza.	Erysipelas.	Phthisis (Pulmonary Tuberculosis).	Tuberculous Meningitis.	Other Tuberculous diseases.	Cancer, malignant disease.	Rheumatic Fever.	Meningitis.	Organic Heart disease.	Bronchitis.	Pneumonia (all forms).	Other Respiratory diseases.	Diarrhœa and Enteritis.	Appendicitis and Typhlitis.	Cirrhosis of Liver.	Alcoholism.	Nephritis and Bright's disease.	Puerperal Fever.	Other Accidents and diseases of Pregnancy and Parturition.	Congenital Debility and Malformation.	Violent deaths, excluding Suicide	Suicides.	Other defined diseases.	Diseases ill-defined or unknown.
Tenbury.	Under 1 Year	7																		1										3		3	
	1–2	1											1																				
	2–5																																
	5–15	3																												3			
	15–25	1										1																					
	25–45	7								1		1								1										2		2	
	45–65	10																1	1	2						1					1	4	
	65 & upwards	34												1	3			12	5	1						3						9	
Tewkesbury.	Under 1 Year	2				1																								1			
	1–2	1												1																			
	2–5																																
	5–15	1																														1	
	15–25																																
	25–45	3										1			1			1															
	45–65	3													1			1								1							
	65 & upwards	17													1			2	1	3												10	
Upton-on-Severn.	Under 1 Year	16								1									2	2									1	7		2	1
	1–2	2								1										1													
	2–5	1				1																											
	5–15	5												1				1								1				1		1	
	15–25	7										1	1				2	1												1		1	
	25–45	14										8		2	1															1		2	
	45–65	27										2			5			7	2	1						1				1		8	
	65 & upwards	89								1		2			4			29	5	2												18	28

Rural.

TABLE I.—Vital Statistics of Whole District during 1913 and previous Years.

Name of District.	Year.	Population estimated to Middle of each Year.	Births.			Total Deaths Registered in the District.		Transferable Deaths		Net Deaths belonging to The District.			
			Uncorrected Number.	Net.						Under 1 Year of Age.		At all Ages.	
				Number.	Rate.	Number.	Rate.	of Non-residents registered in the District	of Residents not registered in the District.	Number.	Rate per 1,000 Net Births.	Number.	Rate.
	1	2	3	4	5	6	7	8	9	10	11	12	13
Winchcombe.	1908	116	3	3	25·8	1	8·6					1	8·6
	1909	116	3	3	25·8	3	25·8					3	25·8
	1910	116	2	2	17·1	1	8·6					1	8·6
	1911	116	5	5	43·1	1	8·6					1	8·6
	1912	116											
	1913	116	2	2	17·0	4	34·4					4	34·4

Rural.

TABLE III.—Causes of, and Ages at Death, 1913.

Name of District.		All Causes.		Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	Influenza.	Erysipelas.	Phthisis (Pulmonary Tuberculosis).	Tuberculous Meningitis.	Other Tuberculous diseases.	Cancer, malignant disease.	Rheumatic Fever.	Meningitis.	Organic Heart disease.	Bronchitis.	Pneumonia (all forms).	Other Respiratory diseases.	Diarrhœa and Enteritis.	Appendicitis and Typhlitis.	Cirrhosis of Liver.	Alcoholism.	Nephritis and Bright's disease.	Puerperal Fever.	Other Accidents and diseases of Pregnancy and Parturition.	Congenital Debility and Malformation.	Violent deaths, excluding Suicide	Suicides.	Other defined diseases.	Diseases ill-defined or unknown.
		Certified.	Uncertified.																													
Winchcombe.	Under 1 Year																															
	1–2																															
	2–5																															
	5–15																															
	15–25																															
	25–45	1																		1												
	45–65	1																1														
	65 & upwards	2																	1													1